

Dr. Rebecca Patchin Offers the AMA's Perspectives on Health Care Reform

By *Rebecca J. Patchin, M.D., Board Chair, American Medical Association*



Please note that in her current capacity, **Dr. Patchin may speak for the AMA in this area, but she cannot express her personal opinions.** Given that healthcare “reform” now has become the law of the land, and that the AMA supported it (albeit certainly not in its entirety), and knowing that a coalition of surgical specialties, including the ASA, did not, it might be of interest that Dr. Patchin was gracious enough to respond to a series of four questions posed to her approximately two weeks prior to the historic House of Representatives’ vote on March 21. Here were the questions:

- Why does this attempt at HCR seem to anesthesiologists so different from all previous attempts?
- Why is it that with all other attempts, there has been at least some semblance of bipartisan political effort, but on this occasion what has driven it, and what has at least for now derailed it, has been brute partisan political maneuvering?
- Why is it that with all other attempts, the House of Medicine has spoken with essentially one voice, and that was the AMA, but on this occasion, there have been many competing and contradictory opinions from various camps within the House of Medicine, with a coalition of surgical specialties rejecting the final Senate bill, while the AMA urged a “yes vote?”
- Why is it that with all other attempts, the AMA leadership has followed the direction of its own HOD, but on this occasion, the AMA HOD passed a very specific resolution detailing what is acceptable and what is not in a HCR bill, and yet the AMA President would not commit during a HOD conference call to honoring the explicit principles of that HOD resolution?
- Why is it that with all other attempts, the AMA has emerged even stronger than before, but on this occasion, there has been so much dissention within the ranks, and so much vitriol, that it appears not unlikely that the AMA’s membership and political power may be debased?

— Kenneth Y. Pauker, M.D., Chair,
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If you were to review the actions of the American Medical Association House of Delegates' November 2009 meeting regarding Resolution 203, then you would see that it is very long and has multiple parts, including that which directs the AMA to continue to be involved in health care reform. Taking a position on any legislation requires looking not only at each piece individually, but also considering the sum of all the pieces, taken as a whole. Going forward, as in the past, an AMA position will be determined after reviewing AMA policy, and based upon an assessment of what is in the best interests of the AMA, physicians, and our patients. That being said, here is the story of what the AMA has done, and why.

Last June, the opening chapter of the nation's health system reform debate was written at the AMA's HOD Annual Meeting. This was appropriate, as physicians are the heart of our health care system and are passionate about how to improve the system.

At that meeting, AMA delegates voted¹ for the organization to "support health system reform alternatives that are consistent with AMA principles of pluralism, freedom of choice, freedom of practice, and universal access for patients." Physicians and medical students from every state and every qualifying medical specialty debated and voted on behalf of their peers during discussions that shape the AMA's health policy agenda. The work is intense; the opinions and debate are passionate. This democratic system makes the AMA, without question, the umbrella organization of American medicine.

As President Obama spoke directly to AMA physicians at the meeting, the twists and turns of the health system reform debate—the distortions and the partisanship—were yet to come. Through it all, the AMA has worked to be the voice of American medicine to achieve meaningful health reform for the dedicated physicians who work within the confines of a broken system and for patients.

The AMA carefully reviewed each piece of health system reform legislation from both the U.S. House of Representatives and Senate. This process followed established protocol of review and recommendation by the physician members of the AMA's Council on Legislation and then a vote by the elected Board of Trustees. While we did not support every item in each bill, there were significant provisions that comported with the policy passed by the HOD both in June and in November.

At the November 2009 Interim Meeting, physicians passionately defended their positions and then voted on a course forward for the AMA. At times there was

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fierce debate, but ultimately there was a clear final product²—a shared vision on how to help physicians help patients.

Constructive engagement by the AMA improved the health system reform bills. For example, AMA joined ASA in successfully opposing public option payment rates being tied to Medicare—and in the final House bill the public option was eliminated. On the Senate side, the AMA successfully opposed a proposal to expand Medicare-eligibility to people age 55 through 64. Our work also led to House passage of a stand-alone bill that permanently repeals the current Medicare physician payment formula that projects steep annual cuts. The AMA has made clear to Congress that we will not support short-term action on Medicare physician payment reform³ that increases the size of the cuts and the cost of reform. The increasing cost of patient care cannot be shouldered by physicians facing a 21 percent Medicare payment cut with more in years to come.

The AMA's unique position at the center of American medicine has produced policies that are integral to a health system overhaul and trusted by patients. Polls show that Americans place their trust in physician groups like the AMA to do the right thing on health system reform. We are working hard to honor that trust, and the policies voted on by AMA delegates assure that we'll continue to be actively engaged in the health reform process.

Immediately prior to the health system reform summit at the White House, the AMA wrote to President Obama and the bipartisan group of summit attendees urging a focus on common ground principles of reform. The letter⁴ read in part: "Our message to those attending the summit is: You know full well the problems facing patients and the physicians who treat them. Focus on the provisions that improve patient access to high-quality medical care, remove barriers to care through common sense insurance reforms, reduce health system costs, and sustain the vital patient-physician relationship." The letter also addressed the critical need for medical liability reform, saying "one sure-fire way to significantly reduce health system costs is to expand and adopt medical liability reforms. It has taken far too long for the greater good to prevail over the interests of the trial bar in our nation's capital."

As the health system reform debate nears its final chapter, the AMA will continue to stay engaged. We shall review each new iteration of the health system reform proposals and bills on their merits—and through the lens of AMA policy—to make decisions based on what is in the best interests of our patients and their physicians.

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Postscript: As of the date of publication of this issue of your Bulletin, HR 3590 and a reconciliation bill passed the House of Representatives, and a reconciliation methodology is to be deployed to “improve” the Senate bill, pending the Senate’s agreement. A coalition of surgical specialty organizations—including the ASA and representing 250,000 specialists—remain firmly opposed to several elements of the final bill. It remains to be seen how the House of Medicine will digest its internal rifts, and whether the AMA—which supported the bill, but not, again, its entirety—will suffer from a potential loss of membership, or perhaps, even be transformed, in some manner, by its own members who were dissatisfied with leadership decisions.

Endnotes

- 1 <http://www.ama-assn.org/ama/pub/news/news/policy-hsr-alternatives.shtml>
- 2 <http://www.ama-assn.org/ama/pub/news/news/ama-continues-hsr-commitment.shtml>
- 3 <http://www.ama-assn.org/ama1/pub/upload/mm/399/sgr-letter-hr4691.pdf>
- 4 <http://www.ama-assn.org/ama1/pub/upload/mm/399/letter-to-health-care-summit-attendees.pdf>

ABA Numbers for Reporting CME credits!

CSA will report CME credits earned to the American Board of Anesthesiology. These credits will be counted as Lifelong Learning and Self-Assessment activities toward your Maintenance of Certification in Anesthesiology (MOCA) requirement. In order to report these credits, doctors need to provide their ABA number. To obtain an ABA number, visit **www.theABA.org** and create a personal portal account.