



## President's Comment A True New Years Resolution; Stand United for Medicine and Patients

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The New Year brings hope and renewed energy to pursue our resolutions. For the nation, our profession, and our patients, health care reform continues to be the leading concern. The House passed the "Affordable Healthcare for America Act (HR 3962)". The Senate version, named the "Patient Protection and Affordable Care Act of 2009", was passed on Christmas Eve in an unusual holiday vote for the Senators. The House and Senate now will meet to reconcile a final bill to send to the President. The final version of health care reform will likely be different from what is proposed at present. We must not assume that it is too late to have our opinions and recommendations heard. We must continue the drive to unite as physicians through organized medicine to be able to advocate for our patients and allow for access to health care.

During the healthcare reform debate in the Senate, the majority leadership needed to "negotiate and compromise" to obtain the final votes to pass the bill. Through a blatant process of vote buying, the necessary 60 votes were accumulated. Unfortunately, our political process magnified the problems we face in this nation, as billions of dollars were promised to just a few states in order to receive their Senators' votes. True comprehensive health care reform was put on the back burner.

The Senate bill does not address many of the important issues for true health care reform. The bill contains items, which in its current version, undermines access to care and, more importantly, interferes with the patient-doctor relationship.

Several objectionable items that remain in the bill include:

1. No permanent fix to Medicare's flawed SGR formula to address the broken physician payment system. We need fair compensation for the cost of services we provide to keep our office doors open.
2. Disregard for meaningful medical liability reform. The bill fails to recognize the true cost of defensive medicine.
3. An unelected, unaccountable Medicare commission (now named the Independent Payment Advisory Board, IPAB) which will take over Congress' authority for Medicare payment and coverage policy.
4. Negative physician ownership provisions that unconstitutionally stop the growth and expansion of hospitals that provide high quality and efficient patient-centered care.

Despite the negative provisions in the Senate bill, physicians can make a difference by educating our politicians and policymakers on the impending danger to access for our patients and their constituents.

Both parties continue to state that the cuts in Medicare payment to physicians are inappropriate. However, due to political posturing, the Senate has not come to any agreement on a permanent fix. In March physicians will face a 21% reduction in Medicare payments. What this truly will cause is an immense health care access problem as many physicians will not be able to keep their office doors open to new

Medicare beneficiaries if Congress fails to fix the flawed payment schedule.

By "kicking the can down the road", Congress with its temporary patches regarding the SGR Formula has created further cost. The cost of repealing the formula has grown from \$49 billion in 2005 to over \$200 billion today. TMA, AMA and all other medical societies continue to push Congress to pass a permanent fix and replacement of the flawed SGR payment formula. A true solution will keep up with the cost of running a medical practice and is backed by a fair and stable funding mechanism. The Mayo Clinic, cited by President Obama as a national model for healthcare delivery, announced that starting January 1<sup>st</sup> it will stop accepting new Medicare patients at its primary care clinic in Glendale, Arizona as a pilot study. The Mayo Clinic stated that Medicare payments no longer reflect the increasing cost of providing services. The Senate and House should be very aware of the implications to access if other physicians follow the lead of the Mayo Clinic. The cost of not repealing the formula will be a failure of the goal of greater access to care as proposed by the President.

The Congressional Budget office updated its estimates on medical tort reform and projects savings of about \$54 billion over the next decade. The new estimates incorporates the effect of tort reform on medical liability costs and the effect of a gradual reduction in the use of services resulting from changes in physician's practice patterns. At the same time, the Senate leadership ignores the truly significant improved access to primary and specialty care in the states that have enacted tort reform. Texas is an exemplary case study for tort reform where over 14,000 new physicians have come to our state to practice since Proposition 12.

The creation of IPAB would relegate Congress' authority and duty over Medicare payment policy. It would also empower the board to make policy recommendations regarding care provided in private non-government healthcare settings. Without appropriate checks and balances, an unaccountable, non-elected commission could have a far reaching and adverse impact on all Americans' ability to access quality care. This proposed government entity would be focused primarily on cost reduction rather than value and efficiency in the delivery of care.

The opponents of physician-owned hospitals are interested in only one thing: maintaining a monopoly of absolute control of the hospitals. Since 2006, the facts are that in more than 12 bills negative legislation has been proposed in an attempt to limit patients' choices of where and how to receive care. Congress should focus on allowing high quality care regardless of the setting. Competition keeps costs down and enhances innovation in all fields. The data significantly demonstrates the cost savings and increased patient satisfaction with physician-led ownership and joint ventures.

I urge each and every physician to join the El Paso County Medical

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Society and TMA in a united effort. Some physicians may feel that organized medicine does not represent all their views. Thus, they do not renew or join organized medicine. However, we all agree that there is strength in numbers. We cannot survive alone. Organized medicine welcomes the opinions and help of all physicians. Our commitment for quality medical care and access to all citizens is unyielding. We need to engage our lawmakers and educate local, state and national leaders on behalf of our members and our patients. We need to remain engaged in the political process.

Only united will we as physicians be strong and effective. The time is now to stand together. This is the New Year's resolution to be accomplished.

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 Physicians Caring for Texans	<b>Texas Medical Association Survey - <u>El Paso</u></b>			
	Agree	Disagree	Unknown*	Total Surveys Completed
The growing number of uninsured patients in Texas (currently, 1 in 4 Texans are uninsured) is a major problem and must be fixed.	580 92%	44 7%	8 1%	632
Before the government provides another health care program, Medicare should be improved so more physicians can take new Medicare patients.	552 87%	68 11%	12 2%	632
Medicaid should be better funded so more poor Americans can receive health care.	474 75%	144 23%	14 2%	635
Any health system reform should allow patients to choose their own doctor	30 97%	0 0%	1 3%	31
Any health system reform should allow patients the choice to stay with their current doctor	596 94%	29 5%	7 1%	632
Any health system reform should ensure patients still can receive high quality health care.	602 95%	17 3%	13 2%	632
Health system reform should not penalize doctors for referring patients to their own hospitals or to sonogram, CAT scans, MRIs or other testing equipment the doctor owns.	490 78%	122 19%	20 1%	632
Americans earning more than \$250,000 should pay additional taxes to help pay for health system reform	13 42%	14 45%	4 13%	31
Americans should be required to get health insurance	369 58%	236 37%	27 4%	632
You should have to pay a penalty if you do not have health insurance	154 24%	449 71%	29 5%	632
Businesses should be required to provide health insurance to their employees	513 81%	99 16%	20 3%	632
Business should be pay a penalty if they do not provide health insurance to their employees	417 66%	198 31%	17 3%	632
Tax credits should be made available to businesses and patients to help offset the cost of buying health insurance	535 85%	72 11%	23 4%	632
The government should get more involved in providing health insurance to Americans	16 52%	9 29%	6 19%	31
The government is efficient and effective at managing health care programs	218 34%	385 61%	29 5%	632
The government is capable of reducing and holding down health care costs	416 66%	202 32%	14 2%	632
<b>Three additional questions from El Paso Medical Society</b>				
Do you approve of the Government's handling of health care reform?	261 43%	298 50%	42 7%	601
Do you agree that new health care costs should be paid for by you increasing taxes?	236 39%	341 57%	24 4%	601
Do you support the Government's plan for universal health care?	347 58%	210 35%	44 7%	601

\*The unknown percentage includes participants that turned in a survey but either did not answer or were undecided.