



President's Comment Fix What's Wrong and Keep What's Good

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Dear Colleagues:

An intense national debate over health system reform is front and center throughout America. It came home during the August recess with a loud roar. The public, our patients, has expressed the fear of losing control of decision-making and freedom of choice as well as the mistrust of having the government too involved in our lives. The public does not want interference with the patient-physician relationship, the cornerstone of health care.

Our recent EPCMS patient survey showed 94% want to be allowed the choice to stay with their current physician and 87% want Medicare to be improved so more physicians can take new Medicare patients, whereas only 35% believe the government is efficient and effective at managing health care programs. As physicians it is our responsibility to educate our patients and lawmakers on health care issues and support good policy that will lead to timely access. We are in the best position to lead and have the best understanding to help our lawmakers reform the health system.

At a minimum, our patients and our profession deserve this. The goal for medicine during health system reform is to stay at the negotiation table and have influence to provide expert opinion and help craft the final bill. Our motivation as physicians is unambiguous. We are in the debate of our and that of our patients' lives. Working together, patients and doctors can direct our lawmakers on the final bill.

A grass root effort has been launched by TMA named Me and My Doctor: We Know Best (www.meandmydoctor.com). It informs patients of the important issues and how to take action. The goals of this campaign are quality care, timely access, coverage for all, insurance reform and a permanent solution to the flawed Medicare physician payment formula. The campaign stresses to Congress and President Obama to slow down and get health system reform right.

This simple yet profound effort is to fix what is wrong and keep what is good. It will engage and educate our patients and fellow physicians. It is up to physicians to make it happen. We can do it and must do it now. As the Congressional August town hall meetings have shown, public opinion is powerful. Together we will and must continue to let law makers know what needs to be done. Visit the TMA website for instructions on how to sign up for free accounts and be part of the solution.

Our future is being debated in Washington. Organized medicine,

represented by AMA, TMA and our specialty societies, is fighting daily for us. However, individual physicians must not use organized medicine as a crutch. Individuals must also be involved and take responsibility. We must "walk the talk". Every doctor should discuss with our patients the issues, as well as call and write to our representatives in D.C. After all, it is the patients in our waiting rooms who are most important in any health system reform. We must work together to ensure that health care reform put the patient first. Ask your colleagues and patients to join together via www.meandmydoctor.com

On the local level, our county medical society continues to foster and build on our relationships with our lawmakers. Our delegation has kept constant two way communication with Congressman Reyes about H.R. 3200 emphasizing:

1- True Medicare Finance Reform- Congress must stop the 21.5 percent cut in physician's Medicare payments scheduled for 2010. As Dr. Fleming, TMA president, succinctly stated, "That's just not sustainable. We need to fix Medicare before we start any new government health care programs." The fatally flawed SGR needs to be replaced with a permanent rational payment system that automatically keeps up with costs of living and is backed by a fair and stable funding formula.

2- Health Insurance Reform- Health system reform needs to start with true Health Insurance Reform. Congress needs to hold the insurance industry accountable, to outlaw denials of pre-existing conditions and to address medical loss ratios.

3-National Tort Reform-All Americans deserve the benefits Texas has enjoyed since the passage of our 2003 health care liability reforms. So far H.R.3200 has no significant liability reform and no protection of strong state laws such as we have in Texas.

4- Public Option Plan – For a public plan to work and allow timely access, it must: Give individual physicians the freedom of choice of whether to participate; Give patients and physicians the freedom of choice of privately contracting outside of the system; and Base physician payments on negotiated market rates, not Medicare rates.

5- Patient Choice and Physician Ownership - the bill imposes stark anti-competitive limitations on physician ownership of health care facilities. The facts show that innovation and excellent patient care that has come from such leading physician-owned institutions as the Mayo Clinic and Scott & White Clinic are exactly what Con-

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President's Comment Fix What's Wrong and Keep What's Good (Continued)

gress needs to promote now (TMA). The El Paso Specialty Hospital is a local example of the positive collaborative efforts of physician ownership and has been ranked #1 in total joint replacement for all Texas hospitals.

Our general membership meeting with the president of AMA, Dr James Rohack, was a success. There was a great exchange of ideas and concerns on health system reform. The passion of our members regarding the future of medicine was palpable. Without a doubt, the AMA is at the table of health system reform and it is working with key members of Congress and the Administration to influence the critical end-game negotiations when the different approaches and ideas are reconciled. (www.hsreform.org)

We met with the new Texas Health and Human Services executive commissioner, Thomas Suehs, and thank Senator Shapleigh for this invitation. We discussed the difficulties encountered on the Border and solutions regarding physician recruitment and retention, the inequality of Medicaid payments in underserved and poor areas, and the inadequate funding of MHMR programs.

El Paso was well represented at the TMA Fall Conference in Austin. Please thank Drs. David Palafox, Manuel Acosta, Roxanne Tyroch, Fernando Raudales, Elaine Barron, Katherine Zerbach, and Robert Emmick for joining Patsy Slaughter and me. They volunteer to serve on different committees and councils as well as the Border Health Caucus to represent our region.

Let us also not forget that 2010 brings the important mid term elections. Medicine needs to elect the right people who understand health care. Physicians need to be politically active and this requires member participation. We need to get in the game with TEXPAC. Our future depends on our collaborative effort and contributions.

Health system reform is a work in progress. We need to stay on the issues and offer expertise to Congress. The final draft of the bill will be much different from what we see now. Help organized medicine by doing your part.

If you are not a member, I ask that you join TMA and EPCMS at this critical junction and be a participant in the future of medicine. I look forward to having you become a part of our organized medical community and encourage you to be an active member of our society.

Not taking action is an action, but the wrong action. As Dante, in his immortal Divine Comedy, said, "The hottest places in Hell are reserved for those who in time of crisis remain neutral." (Sarmiento)

United we have strength.

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"Coleman/Taberski Address Health Care Reform"

The Editorial Board is pleased to present his synopsis of the positions of the candidate for the Congressional race on health care reform. Congressman Coleman and Chip Taberski were given an opportunity to respond to a series of questions presented to them by the Legislative Committee.

Congressman Ronald Coleman: In my opinion, it is essential that we immediately begin to address the problems plaguing our current health care system. The system is broken and it is unfair to those who are being victimized by it to pretend as though all it needs are minor adjustments.

Everyone has heard the familiar statistic that nationally, 35 to 37 million people do not have health insurance. What is even more disturbing is that approximately 10 million children are uninsured. These children are probably not getting the immunizations and preventative care that they must have to grow up healthy. Locally, El Paso has a problem greater than most other areas of the country – El Paso County as the 33rd largest number of medically underserved people in the country. We have 190,000 people who lack adequate access to primary care, most because they are uninsured. I think that is unacceptable, and I know that you agree with me. The El Paso medical community has made an admirable effort to address the special needs of our border community, but I think we all agree that the problem has grown beyond something that providers can be expected to solve alone.

Our current employer-based system lets too many people fall through the cracks; 65% of the children who are uninsured come from families in which the head of the household has a job, but no insurance. The system also placed a heavy burden on business. Health expenses represented 8.3 percent of wages and salaries in 1989, up from only 2.2 percent in 1965. The cost to small businesses is even more extreme, since small businesses often pay premiums that are 30 to 40 percent higher than those paid by larger firms.

Our current system is also burdensome for providers. Physicians trying to deal with the more than 1200 private health-insurance companies have to hire extra clerks to manage paperwork. One expert calculated that the average US physician employs twice as many clerical workers as the average Canadian doctor. American hospitals spend an average of 20 percent of their budgets on billing administration, a figure nearly double that of hospitals in other industrialized nations. Malpractice insurance and the need to practice defensive medicine also represents a burden to physicians; the AMA estimated that the total cost of defensive medicine also represents a burden to physicians; the AMA estimates that the total cost of defensive medicine and malpractice premiums is about 17 percent of physicians' earnings.

For all these reasons, I support comprehensive reform of the nation's health care system. I have not endorsed any of the specific proposals yet offered because I am not satisfied that any of them represent

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the best we are capable of, but I have developed a set of principles to define what I think any proposal should contain.

First of all, I will not endorse any health care proposal that does not guarantee universal health care. I am wary of any plan that would attempt to fill in the gaps of our current system without making that guarantee. I know from long experience that if it is possible to fall through gaps in the net of programs designed to address the health, housing or education needs of the American people, too many citizens here in El Paso will fall through those gaps.

Secondly, I will only support a proposal that builds into the system measures to control costs. I do not think that we can rely on a system that simply imposes on the current system cost control measures such as caps on payments to providers. Doing so would imply that providers are the sole cause of soaring health care costs. In truth what we need to do is build into the system incentives for everyone—providers insurers and beneficiaries – to make informed, smart decisions about what care is needed and will be effective. That goes hand in hand with making a commitment to support and encourage preventative care. Such a system of balanced decision-making will also require reforms of the medical malpractice systems, which is why I support increased reliance on arbitration, penalties for frivolous suits, and use of the practice standards. Finally, I will insist on a proposal that will maintain the right of every patient to choose their own providers.

I wish there were a simple answer to the question of health reform, a magic wand I could wave to resolve all that is ailing about the current system. Unfortunately, there is no such magic wand. This is a problem that must be addressed immediately, but carefully. I am committed to actively seeking the well-informed, carefully thought out proposal that will take what works about our system and build on it to provide quality health care to all the people of our country. **Candidate Chip Taberski:** The cost of health care is hurting everyone, and it has become an unaffordable benefit for many small business owners. Something has to be done. We need increased access to health care for everyone, and nobody should be denied medical coverage.

Unlike my opponent, I am against pay-or-play which will institute a new payroll tax approximately 8% on business and will force many employees into being covered by an expanded Medicaid program called Super Medicaid. There are estimates of 750,000 jobs being lost, almost 1/2 to small business, and most jobs that will be lost will be in the low-wage, low-skilled sector. This could deal a devastating blow to El Paso's business community.

We need to reform Medicare and Medicaid to reduce bureaucracy and to emphasize prevention and primary care, which will reduce costs. We need tort law and malpractice reform so doctors will stop practicing defensive medicine, which has been driving up the cost of health care. We need more family doctors and fewer specialists; institute medical IRAs and allow self-employed workers and small businesses to deduct 100% of insurance premiums as large companies do now. And we need to encourage various forms of health care to increase access so that people have many choices, everything from HMOs to community health care centers.

COLEMAN/TABERSKI LEGISLATIVE COMMITTEE
SURVEY RESULTS

LIABILITY

Congressman Ronald Coleman: It is my understanding that these are the four proposals that the Texas Medical Association will be pursuing. I understand that caps on damages and limits on attorney fees will not be advocated by TMA since the recent study of tort reform issues conducted on behalf of the TMA, the Texas Trail Lawyers Association and the Texas Hospital Association concluded that ninety percent of claims in Texas are settled for less than \$500,000 and punitive damages are rarely awarded. The study also concluded that reducing attorney fees would “increase the severity level of claims as attorneys tend to select only larger cases.”

Candidate Chip Taberski: Need tort law and malpractice reform. Doctors are practicing defensive medicine and that's adding to the cost of health care. As far as frivolous lawsuits, make the “loser pay” and should we even award damages for “pain and suffering” and “mental anguish?”

PROVIDING CARE TO THE UNINSURED

Congressman Coleman: I will not be satisfied with or vote for any health reform package that does not guarantee access.

Candidate Taberski: Emphasize prevention and primary care. Increase the number of family doctors. We have too many specialists and not enough family doctors. So change the reimbursement policies. Reform Medicaid to emphasize prevention such as pre-natal care and primary care coverage as well as community health centers.

HEALTH CARE FINANCING

Congressman Coleman: It would be premature to identify sources of funding before we come to consensus about the details of how we are going to reform the system. Without a specific reform proposal, we know neither the amount of revenue that will be necessary nor the amount of savings of current health care costs that we can expect.

Candidate Taberski: We spend \$800 Billion a year on health care. The money is there, but it is not being allocated properly. In fact, we are “over consuming” health care, which is driving up the cost.

COST CONTAINMENT

Congressman Coleman: Reduce insurance and other third party “red tape” and patient “hassles.” Build into the structure incentives for providers and beneficiaries to make informed decisions about what care is needed and will be effective. Structure benefits so that preventative care and early intervention are emphasized and more expensive remedial care is avoided. Eliminate fraud and abuse, which the General Accounting Officer estimates represents 10% of the total health care budget. Development of practice parameters.

Candidate Taberski: Give an incentive for people to stay healthy and to stop consuming health care. Medical IRAs which discourage consumption, promote savings and will benefit financially strapped employees and help put an end to “cost shifting.”