

Philadelphia Medicine



Volume 105, No. 8

October 2009

Health System Reform: eight guiding principles

By Daniel J. Glunk, MD

I doubt there is anyone who cares more about health system reform than a physician. This is our life's work and our calling. The current debate has served to focus us on who we are and what we are about.

It has never been so critical for our voice to be heard. The Pennsylvania Medical Society is speaking up for what is good for patients and fair for physicians. I hope that's something on which all physicians can agree.

But when you get into the details of health system reform, physicians' opinions vary widely.

Some physicians want additional government sponsored health insurance options while others want to strengthen and reform the private market.

One perspective sees government involvement as the next step toward socialism, but the other looks at government involvement as essential and overdue.

Responding to the AMA

At the State Society, the volume of the debate hit a high-decibel level recently when the American Medical Association voiced its support for HR 3200. The loudest voices were those of outrage that the AMA would support such a piece of

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legislation, but there was also a quieter group of physicians who thought the AMA was on the right track.

On Friday, July 24, the State Society sent a letter to the AMA concerning its engagement on health system reform. You can read the entire letter at www.pamedsoc.org/reformletter.

We recognized the AMA for its "early participation in this critical debate" but we also urged them to continue refining their position and strategy, focusing on what is good for patient care and for physicians.

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That is some of the guidance to be drawn from "The Eight Essential Principles of Health System Reform," which were approved by the executive committee of the Pennsylvania Medical Society's Board of Trustees this summer. More information can be found at www.pamedsoc.org/healthreform.

The guiding principles are:

1. Healthcare coverage should be available and affordable to all American citizens and legal residents.

2. Patient care should be based on either demonstrated evidence of, or

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PCMS NEWS

PCMS membership increases by 12%

Total PCMS membership increased from 3,413 on August 31, 2009, to 3,834 on August 31, 2009. Increases were in all categories of practicing physicians, residents and medical students.

New 511 service to aid travelers in Pennsylvania

Travelers in Pennsylvania have a new resource for traffic, weather, and tourism information. By calling "511" travelers can find out about accidents, average traffic speeds and other data. Information is also available at: www.511PA.com.

2010 AMA membership dues will be billed directly by the AMA, not through the Pennsylvania Medical Society. Call AMA Member Relations at 800-262-3211 or visit www.ama-assn.org for more information.

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ISSN 0031-7306

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HEALTHCARE MEDIA INTERNATIONAL

Editorial

Healthcare reform—musings from the PMS Health System Forum

By William VanDecker, MD



The Pennsylvania Medical Society's (PMS) Regional Health System Forum held recently in Philadelphia had about 120 physicians in three breakout groups: independent practice physicians, institution-affiliated physicians and specialty/PCP physicians. They discussed how potential healthcare reform might affect physicians and their patients.

I was interested in all the focus on potential "bundled payments" ("bundling" has been an ongoing healthcare reality for decades). The devil is in the details. The act of bundling itself does not insure cost savings if it is not constructed to affect downstream quality clinical outcomes and necessary follow up utilizations in the intermediate term. Are we talking bundling physician and hospital payments; bundling payments to multiple physicians in care; bundling discrete (operative) episodes of care; bundling chronic care management (essentially capitation)? What is the governance for "allocating the bundle" when received?

I was also intrigued by the comments of keynote speaker, Paul Keckley, PhD, Director of the Deloitte Center for Health Solutions. Dr. Keckley is a healthcare economist and Washington consultant with varied private/academic experience, including evidence-based guideline pathway software. In addition to addressing public policy numbers in the discussion, he presented four challenges to the Forum:

First, he spoke about healthcare teams and leadership and made the point that just being an 'MD' does not guarantee a leadership seat at reform discussions without the skills to be a leader. Yet surely in a participatory democracy all stakeholders have their representatives at the table? And don't medical schools recruit students based on social leadership potential?

Second, he spoke about affordability and the need for physicians to understand the two factors in play: cost per

"service" and volume of service necessary for good patient care. Yet solutions to each are much more complex.

Third, he spoke of quality and the need for physicians to be more than affable and available. But isn't it true that most specialty societies have quality guidelines, physician recertification/accreditations?

Fourth, he spoke about professionalism and its need not to be afraid of data transparency. He commented on the AMA's "nothing between the physician/patient relationship" statement and suggested that public outcome data be in between. And, once again, were the outcome data collected based on an appropriate clinical question? Was the methodology of collection stringent with case morbidity adjustments? Who owns the data?; and—most important—who is writing the "analysis"/"limitations"/"discussion" sections of the manuscript?

There was some discussion about the national average of one in five Medicare patients needing readmission to a hospital within 30 days (now there is a complex PI project we can all agree should be worked on). There was the statement that 27% of a patient's Medicare spending occurred in the last year of life. I was intrigued by Dr. Keckley's statements on the potential need for "carrot and stick" strategies for patient preventive health measures. Education is not enough? Tax on ice cream? Tax on BMI? Premium refund for achieving cholesterol goals? These thoughts went through my mind.

I was surprised that there was not more discussion on the "Federal Health Commission Board" concept (which just also came out in the proposed Senate Finance Committee Bill). Can healthcare be run by a politically appointed board like the Federal Reserve without strong physician representation?

If some of the uncertainty of the reform discussion has providers feeling down about the perception of their clinical success from their hard work, allow me to add some hard health outcome statistics from the CDC. Despite a na-

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Health System Reform

expert consensus on safety, efficacy and effectiveness.

3. Healthcare business transactions and administrative processes should be transparent and use available technology to facilitate information sharing, reduce costs, and improve efficiency.

4. Healthcare expenditures should be adequate to improve population-based outcomes, sustain research and innovation, and support workforce training needs.

5. Healthcare delivery markets should be constructed to be competitive, thus increasing efficiency, innovation and quality as well as reinforcing a physician's ability to compete.

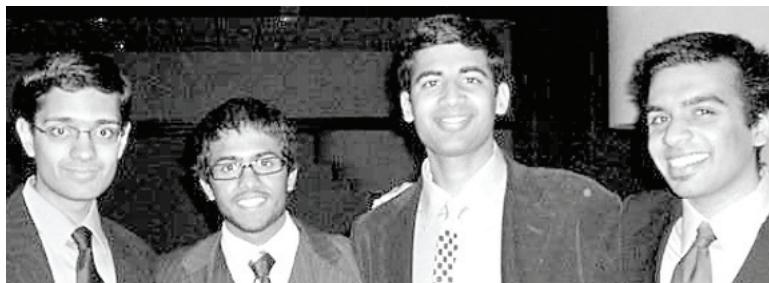
6. Comprehensive medical liability reform is essential.

7. The healthcare system must ensure the choice of provider and health plan or care system.

8. The healthcare system must promote the patient/physician relationship.

Dr. Glunk is President of the Pennsylvania Medical Society.

The 2009 Jefferson AMA Student Chapter has been awarded a certificate and \$500 grant by the AMA. This award is to highlight the activities and projects of chapters and serve as a way of sharing ideas and networking within the Section.



From left: Anish Sen, treasurer; Dan Pucheril, vice president; Zein Nakhoda, president; and Arpan Patel, membership chair. Not pictured is Ratika Gupta, secretary.

Healthcare reform—musings, from page 2

tion of rising risk factors, from 1980 to 2005, female life expectancy has risen from 77.7 to 80.7 years (+4 %) and male life expectancy from 70.0 to 75.4 years (+ 8 %). In that time span, death from ischemic heart disease has decreased by 58% per adjusted 100,000 and death from malignant neoplasm has decreased 12% per adjusted 100,000.

Dr. Keckley suggested that the reform discussion will likely take place over

several years. The Philadelphia County Medical Society urges its members to be active in our participatory democracy by staying educated on the discussion, by staying in touch with their patients on the discussion, and by expressing their clinical leadership views through their medical societies and their elected officials.

Dr. VanDecker is president of the Philadelphia County Medical Society.

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pcms people



Maurits Boon, MD, has received the Dean's Citation for Significant Contributions to the Advancement of Education. He is a surgeon in the Department of Otolaryngology-Head and Neck Surgery, and Assistant Professor at Jefferson Medical College.

Shannon Fogh, MD, has been accepted to the 2009 ASCO/AACR Workshop in Clinical Cancer Research.

Marc R. Rosen, MD, has received the American Academy of Otolaryngology-Health and Neck Surgery Honor Award.



Joseph Spiegel, MD, FACS, has received the Dean's Citation for Faculty Mentoring. He is a surgeon in the Department of Otolaryngology-Head and Neck Surgery and Assistant Professor at Jefferson Medical College.

PCMS people wanted!

Your colleagues would like to know what you're up to. Send news about academic or other appointments, achievements, awards, promotions, etc., to Philadelphia Medicine, 2100 Spring Garden St., Philadelphia, PA 19130

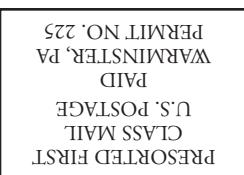
For more information on the programs listed below and to
RSVP: 215-563-5343 Ext. 113
Free parking.

Thursday, October 29
 All Healthcare Professionals
 6:30 PM – 8:30 PM
 "Health Literacy Education Program"
 Location: PCMS Headquarters

Thursday, November 19
 Resident/Fellow Physicians
 6:00 PM – 7:30 PM
 "Legislative and House of Delegates Update"
 Location: PCMS Headquarters

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