Health policy

Will the new generation of physicians promote health care reform?

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Physicians in the United States have in the past generally taken a conservative view of major changes in the medical care system, fearing heavy-handed government interference with professional autonomy and with the relationship between doctors and patients. But the need for reform has become increasingly clear in recent years and doctors' traditional suspicion of legislative efforts to improve the health system has begun to moderate.

The leadership of the American Medical Association reversed its longstanding opposition to health reform legislation by endorsing the Patient Protection and Accountable Care Act (ACA) that the Obama administration managed to enact in March 2010, despite the fact that it did not provide for tort reform or resolve the problem of the scheduled reduction in Medicare payments to physicians.

Recent polls of practicing physicians have found considerable support for some type of health care reform. One such poll published in the *New England Journal of Medicine* in 2009, with responses from 2130 physicians in all specialties, found that almost three-quarters favored public, or public and private, options for expanding health insurance, and a little more than half supported expansion of Medicare to include adults between 55 and 64 years of age.[1]

An even more remarkable result was obtained in a poll of practicing physicians in Massachusetts conducted by the Massachusetts Medical Society just before passage of ACA. Fully a third of respondents thought the reform legislation should include a single-payer system offering health care to all citizens, while an almost equal number thought that public and private health insurance should include an option to buy in to a public Medicare-like option.[2]

The passage of ACA nevertheless has generated considerable opposition among conservatives (mainly Republican) in Congress, and also among the public at large. Current polls show public opinion just about equally divided on the health reforms included in ACA. An explanation for this public skepticism is probably to be found in the aggressive campaigns waged by Republican and Tea Party organizations, which have spread much misinformation about the legislation and raised unfounded populist fears about a "government takeover" of the medical care system.

Two Republican senators who are also physicians (John Barrasso of Wyoming and Tom Coburn of Oklahoma) published "Will the Health Overhaul Improve American Health Care? An Open Letter to Medical Students" in the November 2010 issue of the *AAMC Reporter*, in which they urged students to oppose the new law. They argue that ACA will change the doctor-patient relationship, "gives Washington more power to determine care . . . encourages 'cookbook medicine' with new comparative effectiveness authorities that will make coverage determinations based on cost—rather than what may be best for individual patients," and "relies on unproven pilot programs to deliver needed savings." They add, "Costs will continue to rise. Bureaucrats and politicians will have more control, while patients and doctors will have less." Barrasso and Coburn offer no specific alternatives to ACA, but claim that in the past they have suggested reforms that would lower costs, improve quality and "give all Americans more control of their health care dollars."[3]

On November 23, 2010, a response to this Open Letter was posted on the *Huffington Post* by four MDs-in-training, all of whom are current or former national leaders of the American Medical Student Association (Lyah Romm, John Brockman, Elizabeth Wiley, JD, MPH, and Sylvia Thompson, MD, MPH). These authors defended ACA as a valuable step toward rescuing a health system "on the brink of collapse." They wrote, "The imperfection of the ACA is not that it went too far, but that it did not go far enough to address profit-driven intrusions into the patient-physician relationship. . . . Your assertion of having supported reforms that would provide affordable, high-quality coverage within reach for every American is not borne out through fact or experience. . . . The overwhelming majority of physicians agree that key provisions of the Affordable Care Act will improve access to health care services for millions of Americans. . . . Please stop obstructing health care reform implementation."[4]

If this rousing statement by leaders of AMSA does indeed reflect the views of a majority of their colleagues, then we should be proud of the idealism and good sense of the new generation of physicians. They apparently support ACA but understand that "it did not go far enough."

As I have written elsewhere,[5] ACA clearly falls short of the reforms we need. Much more remains to be done if we want to control costs and improve the quality of U.S. health care. ACA is at least a start. It can and must be extended by reforms that change the way medical care is organized and paid for. Many health economists now believe that cost control will require a transition away from fee-for-service payment to some type of payment that rewards quality and efficiency, rather than the number of services provided. "Global" payment, i.e., a single payment for comprehensive care of a given medical problem, or capitated payment for total care over a period of time,

would meet that need. However, to receive and distribute global payment would require organizations of physicians working together with affiliated hospitals.

ACA provides for demonstration projects and limited trials of new forms of provider organizations and payments (e.g., the so-called "accountable care organizations" that would receive and distribute "global payments" rather than fees-for-service). But there is no legislative mandate in ACA for nationwide implementation of such sweeping change, and little likelihood that a deadlocked Congress will be able to enact any major reforms in the near future.

Nevertheless, I believe there is now an opportunity for the medical profession to take the next steps toward reform even without any immediate legislative action.[6] Multispecialty group practice, with physicians paid at least in part by a salary, is the best kind of physician organization that could accept and distribute a global payment, and could also be accountable for quality and efficiency. There is evidence that perhaps as many as a quarter of all practicing physicians now belong to these group practices, and their number is rapidly increasing.[6] If this trend were to accelerate, and if most or all of the groups were to be not-for-profit physician-managed organizations that paid their professional staff mainly by salary (even while allowing for bonuses based on effort and contributions to the group), a major step toward reform would have been taken. Without coercion by government or pressure from private insurers, the medical profession would have started on the road to the type of reform we need.

Well-managed multispecialty group practices have been demonstrated to provide excellent care more efficiently than the expensive and fragmented system that now dominates the U.S. health care scene. Almost half of new physicians are women, and a growing number of the new generation seems to be choosing this style of practice because it also offers them many personal and professional benefits. If multispecialty groups become the predominant form of practice, public and government support for legislation that supports groups and holds them accountable for costs and quality would undoubtedly follow.

Without this kind of reorganization of medical care, effective payment reform and cost control are unlikely. But such changes cannot be accomplished without initiatives and future support from the medical profession. I am betting that the new generation of physicians will meet that challenge.

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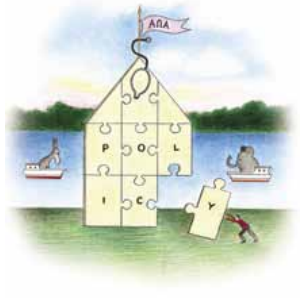

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