

From my perspective

I have become increasingly convinced that achieving improvement of our health care system is, and will continue to be, dependent on the unification and cooperative efforts of medical and surgical organizations. Systemic health care problems in this country have plagued the profession and our patients for many years and persist at the present time. However, meaningful change will come about only when we recognize that each of the competing forces at play in our system has certain individual priorities, making radical change very difficult to achieve in the current environment. No matter how diligently we work, effecting reform will be a highly complicated process as long as the stakeholders continue to hold firmly to divergent views.

Listening to a range of perspectives and banding together to develop creative solutions to problems already are proving to be the most effective means of achieving at least incremental changes. Indeed, in the last couple of months, we've witnessed some important examples of how collaboration can stimulate improvement. While some surgeons may view these steps as being too small or narrow, I believe that they are just beginning stages of more expansive reform and signify just how far we'll be able to take meaningful change if medical and surgical organizations unify their advocacy efforts.

Physician reimbursement

As many of you know, the 2003 Medicare physician fee schedule originally would have resulted in a projected 4.4 percent across-the-board payment reduction. This cut would have deepened the negative effects from last year's 5.4 percent decrease. However, the additional Medicare payment reduction was averted due to the hard work of a coalition of medical and surgical organizations, including the College.

Indeed, Medicare reimbursement rose 1.6 percent for services provided on or after March 1 of this year because of the successful passage of the Omnibus Appropriations bill, H.J. Res. 2. When considered in combination with the 4.4 percent reduction that would have occurred without congressional action, the 1.6 percent update is producing payments that are a full 6 percentage points higher. For surgeons alone, this percentage translates into \$751 million more in total pay-



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ments in 2003. The legislation, which President Bush signed into law February 20, allows the Centers for Medicare & Medicaid Services to correct the errors it made when calculating the physician expenditure targets in 1998 and 1999. If you look at the collective payment for all physicians, the new law will boost total payments by about \$54 billion over the next 10 years. While this increase may be too little for some surgeons, it clearly signals a change in the right direction and should greatly ameliorate a near-desperate situation for many members of the profession.

Liability reform

For the first time in several decades, real opportunities for the enactment of comprehensive federal tort reform have emerged. Again, this situation has arisen largely because the College and other like-minded organizations have exerted intense pressure on Congress. For instance, the ACS has led the Health Coalition on Liability and Access (HCLA) for more than a year now, and this

group has done much to galvanize the medical profession with regard to this issue.

In mid-March, the House of Representatives approved H.R. 5, the Help Efficient, Accessible, Low-Cost, Timely Healthcare Act (HEALTH). This legislation is modeled after California's Medical Injury Compensation Reform Act (MICRA) and includes a \$250,000 cap on noneconomic damages. Senate leaders plan to act quickly on the bill.

The next struggle will be achieving passage in the Senate, which, at press time, was about a dozen votes shy of reaching the majority required to enact similar legislation in that body. Given that the Senate rejected this type of reform bill last year, HCLA is leading an effort to conduct a serious marketing campaign aimed at the key Senators, which will be critical as this issue evolves.

As you know, President Bush has made a commitment to signing a tort reform measure. Should this legislation become law, it will help to resolve the ongoing malpractice insurance crisis that is making it so difficult for many surgeons to provide care to their patients.

Trauma

With homeland security being such an important issue these days, I am pleased to report that Washington has been demonstrating its support for various trauma bills. For fiscal year 2003, the Omnibus Appropriations bill mentioned previously in this column includes \$3.5 billion in funding for the trauma grant program. Additionally, the Senate seems poised to pass legislation to reauthorize the Trauma Care System Planning and Development Act through 2008. Efforts in this area now shift to the House, where similar legislation is being drafted by the House Energy and Commerce Committee.

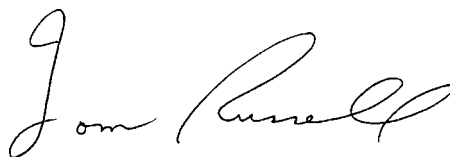
I can assure you that none of these legislative efforts would have come to fruition if not for the combined efforts of the College's Washington Office and other professional organizations.

Further change possible

In this column I have highlighted some examples of the incremental changes and improvements that are occurring as a result of the College's collaborative efforts on our members' behalf. Often these small movements go unnoticed, but the fact

of the matter is they are real and tangible inroads toward improving the system in the near future.

In no way should these efforts be seen as ends; rather, they are the means to effecting true reform. Your continued support and willingness to bring to our attention the serious impact of issues like these on your practice are critically important. To further ensure that your voice is heard at the federal level, please remember to use our electronic Legislative Action Center (<http://capwiz.com/facs/home/>), which allows our members to contact their legislators en masse with regard to critical issues. Clearly, surgeons are becoming more politically involved, and this sort of activity is a key element of our recent successes.



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If you have comments or suggestions about this or other issues, please send them to Dr. Russell at fmp@facs.org.