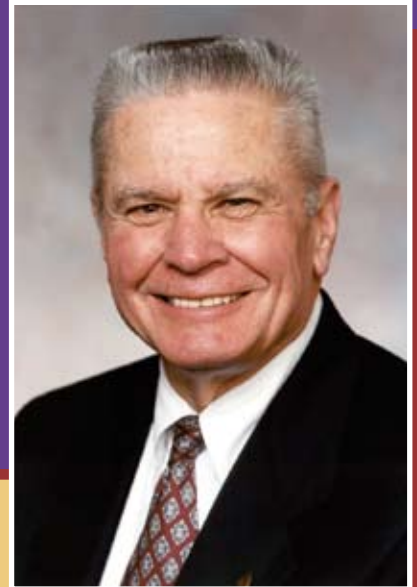


# Building a safer system is a priority for AMA president, **William G. Plested III**

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**W**illiam G. Plested III, MD, FACS, a thoracic and cardiovascular surgeon from Brentwood, CA, was inaugurated as president of the American Medical Association (AMA) during the June House of Delegates meeting. At that time, he pledged that the AMA would help the nation's physicians and patients to design a safer, more effective health care system.

Specific issues Dr. Plested would like organized medicine to address in order to enhance quality and efficiency include credentialing of members, switching from paper to electronic medical recordkeeping, averting workforce shortfalls through truncated training programs, and encouraging teamwork. Political matters that Dr. Plested believes must be resolved include reforming the medical liability and Medicare payment systems.

### ***Credentialing***

Dr. Plested maintains that electronic recordkeeping will allow physicians to smoothly transition into a new era of medicine—one in which medical professionals will be held more accountable for their actions. In a more transparent sys-

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tem of care, physicians will need to start taking a hard look at what they do and how effectively they provide care.

The responsibility for monitoring physician outcomes and practice patterns, he believes, falls on the specialty societies. "Once I finished my training in thoracic surgery, I got to have the letters FACS listed after my name. That acronym indicated that I had met certain prerequisites in training and certifying to become a thoracic surgeon and Fellow of the College. Here it is more than 30 years later, and I still have FACS after my name," Dr. Plested said. He added that for Fellowship to be truly meaningful, organizations such as the College should be regularly monitoring whether their members are maintaining their surgical skills and cognitive abilities. These associations also should take corrective action when needed, such as offering opportunities for additional training or suspending or expelling individuals who fail to keep up, he said.

"It's incumbent upon our specialty societies to keep track of what members are doing and how they're doing it," he added. "It makes me wild to think that the government and insurers might start monitoring physicians instead of our specialty societies."

Dr. Plested noted that the specialty boards are attempting to more closely scrutinize and assess whether their board-certified physicians are advancing their knowledge and skills and improving their professional competence through maintenance of certification programs. However, he said that the boards' verification provides insufficient evidence of competence at this time.

Specialty societies also need to set more defined standards and review practice patterns and outcomes to prove and ensure that their members remain highly qualified. "I don't want to share my Fellowship with someone who isn't capable of providing a certain standard of care," added Dr. Plested.

The College's case log management system and the ACS National Surgical Quality Improvement Program are steps in the right direction, he said. Ultimately, however, Fellows' participation in these activities should be mandatory rather than voluntary.

### ***Electronic recordkeeping***

In an age of professional accountability and transparency, surgeons will need to free themselves of inefficient paper records and adapt to streamlined electronic recordkeeping. "We as a profession must push for the electronic medical record. We don't need to do it because the government or insurers are telling us to do it because of pay for performance. We need to do it because it's a professional imperative," Dr. Plested said.

Electronic records will be useful in helping physicians engage in practice-based learning and in monitoring their outcomes. Furthermore, it will ensure continuity of patient care. Most patients see more than one health care professional during the course of treatment for any disease, and paper records don't always carry over from one office to the next. As a result, physicians sometimes are unable to access all of the background information they need to provide the next level of care, Dr. Plested said.

Specialty societies, such as the American College of Surgeons, particularly need to take the lead in urging their members to switch to electronic recordkeeping, he asserted. "Physicians need to understand that this is just going to be part of practicing in the modern era. Just as an office needs exam rooms, waiting areas, and equipment, it is going need modern information technology," Dr. Plested noted. "It's just high time we do it."

### ***Training***

Dr. Plested also explained that surgical training programs currently follow a model that is becoming outmoded. As the Baby Boomers enter their "golden years," more patients than ever need treatment for age-related chronic and terminal diseases. "There is no way we can meet this onslaught of patients with the workforce we have now and currently in training," he said.

To prevent the looming workforce crisis, Dr. Plested believes training programs should be shorter and more focused on residents' primary interests. Under the traditional model, "what we end up doing is training people to do a lot of tasks that they're never going to do again when they get into practice," he said. For example, surgical residents who intend to enter clinical practice currently are forced to spend inordinate time in the laboratory, whereas they should be gaining more

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exposure to surgical procedures and how they are safely performed.

Furthermore, current training is too time-consuming. Surgeons, for instance, often don't start practicing until they are well into their 30s, he added.

To resolve these concerns, Dr. Plested suggested that surgical training follow the military model. For example, in the U.S. Air Force, highly motivated young people are trained to complete exceptionally specialized and complex tasks, so they can assume responsibilities on the teams that build stealth bombers. Despite the brevity of their training, these individuals perform with consistent competence because they are quickly and completely immersed in what they will be doing as part of the team.

Indeed, Dr. Plested notes that teams of health care professionals, each of whom is responsible for specialized aspects of the treatment process and is comfortable offering expert advice to others, will be the hallmark of a safer, more efficient delivery system. "What's important is coordination of care. Eventually it's going to be obvious to everybody that working together with other health care professions just makes sense and results in better outcomes," he said.

### ***Socioeconomic issues***

With regard to socioeconomic issues, Dr. Plested believes that organized medicine should start considering new approaches to medical liability reform. He believes the tort reforms that physicians traditionally have sought, such as caps on damages, are necessary "emergency measures" to help stymie increases in liability premiums. However, he also believes organized medicine needs to start looking at more creative alternatives to the tort system.

"We've got to attack the tort system. [Medical liability cases] don't belong there," he said. More specifically, Dr. Plested asserts that organized medicine should shift its emphasis to forming medical courts where individuals familiar with health care delivery and the risks involved in treatments adjudicate the cases.

Another socioeconomic issue that Dr. Plested wants the AMA to continue to tackle is the flawed physician reimbursement system. He fears that if liability premiums and other practice expenses

continue to rise while payment levels decline, competent physicians will stop seeing Medicare patients, and young people will be less interested in entering the profession.

### ***Dr. Plested's background***

Dr. Plested received his bachelor's degree from the University of Colorado, Denver, and his medical degree from the University of Kansas Medical School, Lawrence. He completed his surgical internship and residency at the University of California, Los Angeles, School of Medicine.

When he hasn't been busy running a thoracic surgery practice in California or playing a leadership role in professional associations, Dr. Plested enjoys spending time with his wife Carolyn and his five children, all now adults. He also enjoys working with his hands, preferably in the outdoors. When his AMA presidency ends next year, he looks forward to spending time at his ranch in Colorado.

### ***Commitment to organized medicine***

Dr. Plested's involvement in organized medicine began in the 1970s. He is a former chair of the AMA Board of Trustees and was first elected to that panel in 1998. He also has served on and chaired the AMA's Finance Committee and supported the organization's formation of a Business Advisory Task Force, serving as that group's first chair.

In addition to being a College Fellow, Dr. Plested is a former president of the California Medical Association and the Los Angeles County Medical Association. He also is a member of the American Society for General Surgeons, the Pacific Coast Surgical Association, the Society for Clinical Vascular Surgery, the Society of Thoracic Surgeons, and the Western Thoracic Surgical Association.

Over the course of these last few decades, Dr. Plested has witnessed many disagreements within the house of medicine. However, he now sees medical and surgical associations uniting to address the problems in the health care system and is optimistic about the probability of greater collaboration in the future. "It would be healthy for us to continue to work together," he said. <sup>12</sup>