

From my perspective

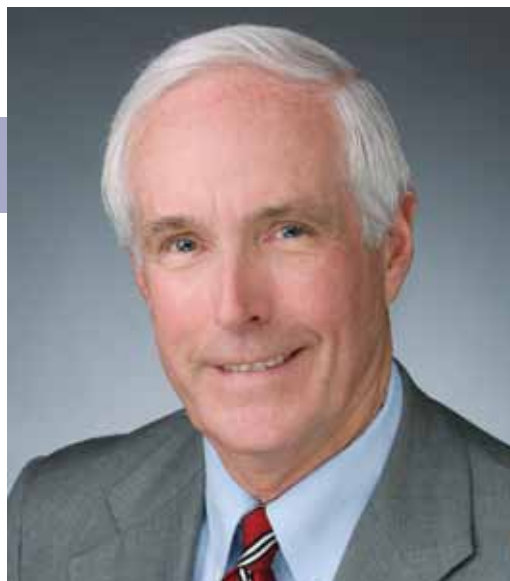
Last month's column centered on the likelihood that our new President's Administration and Congress will push for health care system reform this year. Indeed, it appears that many of the factors necessary to achieve passage of sweeping health care reform are now in play. The changes that will emerge from this process will undoubtedly have profound effects on surgeons and surgical patients. Therefore, the American College of Surgeons, the rest of the surgical and medical communities, business leaders, patients, and other stakeholders must work together to ensure that the transformation occurs in a smooth and sensible way.

History's lessons

Health policy scholars David Blumenthal, MD, MPP, and James Morone, PhD, assert that several factors contributed to the passage of the nation's most transformative health care law to date—P.L. 89-97.* Also known as the Social Security Amendments of 1965, this legislation established what we now know as the Medicare and Medicaid programs. Interestingly, many of the same elements that led to enactment of these programs are evident in today's politically charged atmosphere.

For example, for several years before P.L. 89-97 was enacted, liberal Democrats had sought to ensure health care coverage for elderly Americans. However, Wilbur Mills, a conservative southerner, was the Chair of the powerful House Ways and Means Committee, and he and like-minded committee members blocked passage of related legislation throughout John F. Kennedy's presidency. Nearly one year after President Kennedy's assassination, Lyndon B. Johnson won the 1964 election in a landslide victory, carrying large Democratic majorities into the House and Senate. During his many years as a Senate leader, President Johnson built a reputation as a master political strategist. He used this acumen to increase the probability of Medicare's enactment by (1) recruiting a talented legislative staff, (2) making Medicare the highest priority on his legislative agenda, (3) emphasizing to his staff that time was of the essence, and (4) relentlessly pressuring his staff and congressional leaders to move forward.

*Blumenthal D, Morone J. Health policy report: The lessons of success—revisiting the Medicare story. *N Engl J Med*. 2008; 359(22):2384-2389.



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Ultimately, Representative Mills accepted the inevitable and changed from a Medicare opponent to its greatest expansionist. In fact, Representative Mills amended the original legislation, which would have used Social Security to cover a limited number of hospital days for senior citizens, to include coverage for physicians' services (Medicare Part B) and relief for indigent families and individuals (Medicaid).

There are several similarities between the political environment in 1965 and the present climate. Like Johnson, President Barack Obama made health care reform a touchstone of his campaign and won the White House with a clear majority of the electorate. In 1965 as now, both chambers of Congress were under Democratic control. Furthermore, soon after the election, President Obama, who is also considered a savvy political strategist, began assembling an experienced cabinet and cadre, tapping former Senate Majority Leader Thomas A. Daschle (D-SD) to serve as Secretary of the U.S. Department of Health and Human Services and Director of the Office of Health Reform.

Moreover, before actually taking office, the Obama Administration sought to build public support for overhauling the U.S. health care system. For example, Mr. Daschle scheduled nationwide

public forums to discuss the problems facing patients, physicians, business owners, and so on. These meetings have demonstrated that health care reform remains a high priority for the public, especially now that many of the hundreds of thousands of Americans who have recently lost their jobs have simultaneously lost their health insurance coverage.

Activity in Washington

Members of Congress are responding. Last November, Senate Finance Committee Chairman Max Baucus (D-MT) issued a "Call to Action" for health care reform in 2009. This "white paper" outlines policy options for the 111th Congress to consider in an effort to achieve universal coverage, to reduce health care costs, and to improve quality of care. Some specific concepts that Senator Baucus advances in his plan include mandating that all Americans have health insurance coverage and revising the Medicare physician payment formula to encourage the provision of value-based care.

Sen. Edward Kennedy (D-MA), Chairman of the Senate Health, Education, Labor, and Pensions (HELP) Committee, also is playing a leading role in the development of health system reform legislation. At press time, Senator Kennedy was putting together working groups to address prevention and public health, quality improvement, and insurance coverage issues.

Other senators and representatives and their health advisors also have been crafting health system reform proposals for consideration within the first of half of 2009. Most of these blueprints have many components that the College supports. However, the College and other surgical specialty societies have grave concerns about plans that would increase payments to primary care physicians by reducing reimbursement to other specialists. Senator Baucus' Call to Action includes these provisions, and the Medicare Payment Advisory Commission has offered similar recommendations. Supporters of this policy change claim that it is necessary to stop the deepening primary care workforce shortage. However, as the College and 13 other surgical specialty societies said in a December 5, 2008, letter,

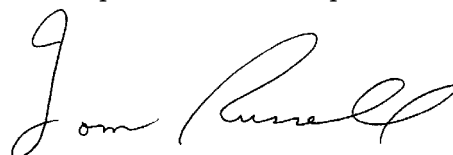
primary care "is not alone among physician specialties facing significant workforce and reimbursement difficulties." In recent weeks, we were quite successful in getting that story told: a front-page article in the *Washington Post* was also picked up by numerous major media outlets around the country and widely circulated on Capitol Hill.[†]

The College's lobbying staff has been meeting regularly with health advisors to key Members of Congress and to other legislators who serve on the Senate Finance, the Senate HELP, and the House Ways and Means committees. During these discussions, ACS staff has expressed the College's desire to work with policymakers to enact fair and responsible health reform legislation. Many of these meetings have involved representatives of other medical and surgical specialty societies as well. We also have met with the leaders of these groups away from the confines of Capitol Hill to develop solutions that are acceptable to all health care professionals.

Sticking together

We all need to present a cohesive message about which changes to the health care system will be of most benefit to our patients and to our nation's economic stability. We need to understand each other's problems, and we need to seek out common ground. As an example, whereas surgeons will not tolerate a Medicare payment increase to primary care physicians if the rest of the medical profession is expected to pay for it, I do believe that surgeons need to understand primary care's views on this and other issues. In return, we should expect primary care to empathize with our concerns.

Without question, change is imminent. If we present a fragmented message, lawmakers will heed the advice of those stakeholders who do present a clear and unified vision. However, if we all work together, the transformation is more likely and our patients have a positive outcome for our profession and our patients.



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[†]Brown D. Shortage of surgeons endangers rural Americans. *Washington Post*. Jan. 1, 2009. Available at: <http://www.washingtonpost.com/wp-dyn/content/article/2008/12/31/AR2008123103120.html?referrer=emailarticle>.

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