

Surgeons rally together in a politically charged year

by Diane S. Schneidman, Manager of Special Projects, Division of Integrated Communications

A total of 429 surgeons representing a range of specialties and dozens of advocates for the profession participated in the Second Annual Joint Surgical Advocacy Conference (JSAC) March 22-24 in Washington, DC. The American College of Surgeons (ACS) and the 18 other surgical specialty societies listed on page 44 sponsored this event.

Conference highlights included sessions focused on advocacy training, the legislative process, the quality improvement agenda, and health care reform, as well as a lively keynote address. In addition, several Members of Congress, as well as congressional staff and representatives from the private sector, shared their perspectives on health care issues, and JSAC attendees had the opportunity to participate in Capitol Hill visits with their legislators.

Grassroots advocacy

Kicking off the JSAC was Michael E. Dunn, who runs his own political consulting firm in Washington, DC. “Each one of you has to accept personal responsibility for how your lawmaker votes on issues that affect surgery,” Mr. Dunn said, noting that the paradigm for achieving political power has shifted over the years. He explained that the influence that

paid lobbyists can wield has been limited in recent years due to the ban on “soft dollar” campaign contributions. Consequently, grassroots advocacy has become more important than ever.

According to Mr. Dunn, surgeons can be “either players or victims,” in the new political reality. Being a player at the grassroots level involves voting and building a relationship with one’s elected official. “The question isn’t how well you know your lawmaker; it’s how well does the lawmaker know you?” he said.

In addition, Mr. Dunn said that surgeons who want to influence the political process should get involved in and contribute to their organization’s political action committee (PAC). “Grassroots plus political action is a winning formula in this political environment,” he noted. PACs are useful to surgical organizations in a number of ways. They allow groups to cultivate close ties with legislators, provide access to lawmakers, help policymakers to better understand the profession, and add credibility, Mr. Dunn added.

How Congress works

Perennial favorite Judy Schneider, a specialist on Congress at the Congressional Research Service, provided insights on

how the legislative branch of the federal government really works.

“You were all taught that Congress was created to pass the laws of the land,” Ms. Schneider said. “[But actually] Congress was not created to pass laws but to stop bad laws from getting enacted,” she explained. The theory is that if a bill can survive the legislative process, it deserves to be implemented.

Over the course of a two-year Congress, approximately 10,000 bills are introduced, but only 400 or so become law, Ms. Schneider observed. The reason that Congress passes such a small percentage of introduced legislation is because the institution is driven by three factors: policy, politics, and procedures. “If any one of those is out of whack, your legislation is dead,” Ms. Schneider said.

Nonetheless, the relevance of each of those three factors depends upon the chamber in which the legislation is being debated. The Senate is driven largely by internal politics, while the House is driven by procedures, according to Ms. Schneider.

Policy, ultimately, is driven by constituents. “The role of the Congress is to slow everything down for a very simple reason—they’re waiting to hear from all of you,” Ms. Schneider said.

Therefore, surgeon advocates are extremely important in ensuring that appropriate and necessary policies are enacted. “If you don’t tell them what to do, somebody else will tell them what to do,” Ms. Schneider warned.

Message development

Surgeons who want to see effective policies enacted need to broadcast their message not only on Capitol Hill, but through the media as well. Leading a session on communicating with the public sector through the media was Patricia A. Clark, a consultant to the American Medical Association, the American Hospital Association, the Texas Medical Association, and other organizations.

Ms. Clark noted that some surgeons feel they are too busy to talk to the media. She warned these individuals that,

“There’s going to be a story done whether you talk the reporter or not.” Therefore, it is in the profession’s best interests to be available and to voice the surgeon’s perspective. When reporters call to arrange an interview, surgeon advocates should get back to them right away and know what to say ahead of time. “A question is not something to be answered. A question is an opportunity to share your message,” Ms. Clark said.

Surgeons need to be available not only to the national media, but to their local newspapers and electronic media outlets as well. Members of Congress and their staffs read not only *The Washington Post*, *The New York Times*, and *The Wall Street Journal*, but also their hometown papers, Ms Clark explained.

When preparing to talk to

reporters, surgeons need to think about what the media wants to use, what the media actually will use, and what they will want to use, Ms. Clark said. The standard TV news story runs for 90 to 110 seconds, and sources get about 10 to 20 seconds of airtime. In newspapers, an interviewee might get only about an inch or so of column space. So it is important that a source bring at least one of three attention-grabbing qualities to the table: interesting sound bites, appealing visuals, and/or controversy, Ms. Clark said.

Keynote address

Paul Begala, political analyst and commentator for CNN and advisor to former President Bill Clinton, provided insights into the current presidency. He noted that President Barack Obama has been popular with the general public, with an approval rating of 64 percent.

Like two other well-liked presidents—Mr. Clinton and Ronald Reagan—President Obama has been able to use his personal appeal and speaking skills to ensure that the policies he supports are implemented. Mr. Begala noted that within the first 23 days of his presidency he signed legislation expanding the State Children’s Health Insurance Program, issued an executive order calling for the closure of the Guantanamo Bay detention camp, released a budget plan, and approved the American Recovery and Reinvestment Act (ARRA). Mr. Begala called passage of the ARRA “an extraordinary accomplishment,” noting that “it

JSAC participating societies

American Academy of Facial Plastic and Reconstructive Surgery
American Academy of Ophthalmology
American Academy of Otolaryngology–Head and Neck Surgery
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Obstetricians and Gynecologists
American College of Osteopathic Surgeons
American College of Surgeons
American Osteopathic Academy of Orthopedics
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society of Plastic Surgeons
American Urological Association
Congress of Neurological Surgeons
Society of Gastrointestinal and Endoscopic Surgeons
Society of Gynecological Oncologists
Society of Thoracic Surgeons
Society for Vascular Surgery

is the single biggest one-shot expenditure of public money since the Louisiana Purchase.” Usually big spending bills are heavily debated and revised before they receive congressional approval.

Mr. Begala said he believes that President Obama is sincere in his desire to achieve health system reform for both personal and political reasons. On the personal side, Mr. Obama has written about his mother’s battle with terminal cancer and how “even on her deathbed, she was fighting with the insurance companies,” he noted. In terms of political reasons, White House budget director Peter Orszag has claimed that if the nation doesn’t fix health care, the economy will continue its tailspin.

The Administration’s goal is to reduce health care spending by eliminating Medicare Advantage, withholding reimbursement for readmission of patients with hospital-acquired conditions, and expanding health information technology, Mr. Begala said.

In terms of physicians’ concerns about Medicare payment cuts, Mr. Begala said the President is committed to eliminating the constant threat of reductions by setting a baseline for reimbursement. “I’m impressed that this President has said, ‘No. I’m not going to cut 21 percent of your income next year and 5 percent in subsequent years,’” Mr. Begala said. “The problem is you have to get Congress to go along with that, but you do have the President on your side.”

Mr. Begala is familiar with

how important it is for a president who wants to achieve health care reform to work with Congress. He explained that one of the reasons health care reform did not occur during the Clinton presidency is because the President told Congress that if it did not send him a bill that contained 100 percent of the items in the package that his Administration developed, “‘I will take this pen, veto that bill, and we will start all over again,’” Mr. Begala said. “Maybe if we had said it was okay to just get 90 percent of those provisions passed, we would have health care reform today.”

President Obama is unlikely to repeat this episode because he has “a gift” for learning not only from his experiences but also from his predecessors’ missteps and for synthesizing that information into action, Mr. Begala said. “Now, he’ll make mistakes, but they will be new and original mistakes,” he quipped.

Quality improvement

Carolyn M. Clancy, MD, director of the Agency for Healthcare Research and Quality, spoke about the Obama Administration’s views on and approaches to quality improvement. She noted that the health care provisions in the ARRA spell out the steps this administration believes will be useful in improving quality of care.

One significant provision in the stimulus package calls for establishing a Federal Coordinating Council for Comparative Effectiveness Research (CER). The legislation allocates a total

of \$1.1 billion for CER, of which \$400 million is to be used at the discretion of the U.S. Secretary of the Department of Health and Human Services (HHS) to speed the development and dissemination of CER, Dr. Clancy said. As defined in the ARRA, CER includes: (1) comparative analysis of items, services, and procedures used to prevent, diagnose, and treat patients; and (2) the work conducted through clinical registries, clinical data networks, and other electronic means for purposes of generating outcomes data. The Institute of Medicine has been charged with studying the issues surrounding CER and to disseminate a report on the topic by June 30, a very rapid turnaround time for an institute known for extensive analysis and deliberation, she added.

People who oppose CER argue that it is a tool to deny patients access to certain treatments, Dr. Clancy said. They also claim that this research might fail to account for the concerns of racial or ethnic minorities or that the information will be used to deny care to segments of the population, she explained. To alleviate their fears, AHRQ is encouraging all groups to play a collaborative role, to submit their data, to review draft reports, and so on. “If this information is going to be useful to people, it’s got to be trusted and it’s got to be credible,” she said.

In addition, Dr. Clancy noted that some members of the medical and surgical communities have misconceptions about evidence-based medicine and



Representative Blunt



Representative Berkley

CER. “Evidence-based medicine is never, ever intended to exclude clinical judgment,” Dr. Clancy said. “This is not about limiting health services. It is about getting clinicians the best possible information so that they can make good decisions,” she explained.

Members of Congress

Five Members of Congress offered their views on health care reform, Medicare reimbursement, and other issues.

Rep. Roy Blunt (R-MO) said that Congress may pass health care reform legislation this year, if there is a big enough “buy-in” from everyone involved. “There is broad agreement on the general principles [that health care reform should address]—access, affordability, quality,” he observed. However, lawmakers disagree about the means for achieving these objectives.

For instance, President Obama has suggested that a

health care reform bill should include an option for Americans to purchase government-run health insurance. The Congressman said he opposes this idea “because the government does not compete fairly and the government’s not very good at running stuff.”

Representative Blunt said he would support a system that would allow patients and employers to stay with their current insurance providers, if they are happy with the coverage they have. Other key health care reforms that he would be likely to back include assurances that patients will be able to continue their relationship with their physician and guarantees that the employer-based insurance coverage option remains in place.

According to Representative Blunt, most Americans would object to health care reforms that would tamper with the way they currently receive care. “Most everybody says the cur-

rent health care system is not working, but about 82 percent say it’s working for them,” he said, adding that it’s very hard to change a system that most people are satisfied with.

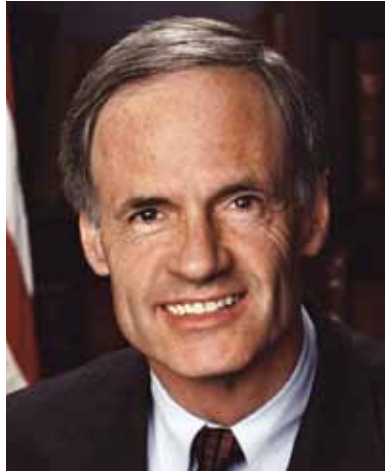
Rep. Shelley Berkley (D-NV), a member of the House Ways and Means Subcommittee on Health, said one of the major strains on the health care system is the cost of providing care to 47 million uninsured Americans. “It is not as if they do not get health care, but they get the most expensive kind of health care. They get health care after they are terribly sick, and they end up in our emergency rooms where the cost of medicine is over the roof,” Representative Berkley said. “If we don’t figure out how to get a handle on the uninsured in this country and give them at least a baseline of care, our entire health care system is going to fall apart,” she added.

With regard to Medicare physician reimbursement, Representative Berkley, who has been married to a nephrologist for 12 years, assured surgeons that Congress will prevent the potential 21.5 percent cut in Medicare reimbursement for 2010 from taking effect. “I can tell you without fear of contradiction that that cannot happen and that will not happen,” Representative Berkley stated.

In addition, the congresswoman noted that at the time of the JSAC, she and Rep. Mark Kirk (R-IL) were circulating a letter on Capitol Hill that calls upon Congress to ensure that any Medicare reform legislation that passes does not increase payments to primary care by



Senator Cardin



Senator Carper



Representative Shadegg

decreasing reimbursement to specialists. “It makes no sense that we’re going to rob Peter to pay Paul, and I’ll put up the best fight I can to make sure that doesn’t happen,” Representative Berkley said.

Representative Berkley also called for shifting some of the money spent on end-of-life care to prevention and early detection. “If we do that, not only will we be saving billions of taxpayer dollars, but we will be improving the lives and quality of life of many, many people in this country as well,” she said.

Sen. Ben Cardin (D-MD) noted, “Congress has a strange way of thanking the physicians in our country for providing the best health care in the world.” He added that he agrees with Representative Berkley that the government needs to change the way physicians are reimbursed for providing Medicare services. “It’s time that we fixed this system, and we need your help getting it done

right. If we don’t, more and more Americans are going to be denied access to health care because the reimbursement rates will not be adequate.”

The senator also is an advocate for health care reform because the current system is draining the economy. “Let me give you a dose of reality. We have a huge problem in this nation. Our economy is in the tank. We are swimming in red ink,” Senator Cardin said.

Health care reforms that the senator believes should be enacted include ensuring that all Americans have health insurance and that they have access to comprehensive, preventive care. Senator Cardin also said that the nation needs to make better use of health information technology. “[The current methods of medical recordkeeping] are robbing our nation of billions and billions of dollars and depriving you of the information you need,” he said.

Sen. Tom Carper (D-DE),

who serves on the Senate Finance Committee, said the rising costs associated with the Medicare, Medicaid, and Social Security programs are unsustainable. Like the other lawmakers who spoke at the meeting, Senator Carper believes that Congress should pass health care legislation that will allow the nation to reduce spending, improve outcomes and quality, ensure access to care, and provide incentives for health care research.

To ensure that Congress passes health care legislation this year, Senator Carper said, “What we need to do is focus on the stuff we agree on.” He also noted that members of Congress “are not brain surgeons, and we need your help.”

Rep. John Shadegg (R-AZ) said the current health care system is adrift because it has placed third-party payors between the physician and the patient. “I would suggest to you that the answer [to this prob-

lem] is patient choice,” he said.

“I would suggest to you that we fight for health care reform in this country that puts patients and doctors back in charge of making educated decisions,” Representative Shadegg said. He added that rather than continuing a system in which employers shoulder the burden of providing health insurance benefits, patients should be able to choose their own plans, and if they can’t afford to buy one, they should receive stipends to cover the costs.

The congressman also said that the Medicare physician reimbursement system is flawed and must be repaired.

Public and private sector perspectives

Two congressional health policy advisors and two representatives from the private sector also shared their perspectives on health care reform.

Cheryl L. Jaeger, MPP, is senior policy advisor to Rep. Eric Cantor (R-VA), House Republican Whip and a member of the House Republican task force that is crafting a health care reform plan. Ms. Jaeger noted that the GOP members of Congress are fighting to play a leadership role in the health care debate at a time when both Congress and the White House are under Democratic control.

In contrast, Meghan Taira, MPH, advisor to Sen. Charles Schumer (D-NY), said, “[Democrats] have not yet figured out what our real obstacles are going to be, who our real partners and friends are going to be, and we don’t know how far we’re going to get.” Ms. Taira

said it is helpful for surgeons to meet with their elected officials as Congress tries to develop health care reform legislation because lawmakers need to know how specific policies will affect clinical practice, patient care, and the “big picture.”

Maria Ghazal, JD, MPP, director of public policy for the Business Roundtable, which is composed of 150 chief executive officers from a variety of companies, said that from the health plan purchaser’s perspective, “A lot of this is really about costs—the cost pressures [associated with providing employer-based health care coverage],” Ms. Ghazal said. According to Ms. Ghazal, issues of primary importance to the business community are compliance with Employee Retirement and Investment Security Act rules, the potential of more employer mandates, and tax credits for businesses that offer health insurance coverage to employees.

Members of the Business Roundtable are committed to being engaged in the health care reform process and to working with the medical community. “They know that in Washington it’s a matter of ‘together we stand, divided we fall,’” Ms. Ghazal said.

Scott Keefer, JD, MPP, vice-president of policy development for the Center for Policy and Research at America’s Health Insurance Plans (AHIP), offered the payor’s perspective. “The public wants portability. They want us to build on the employer-based system, and they want guaranteed issue,” Mr. Keefer said. Balancing

these expectations with demands for cost controls is most achievable if an individual mandate, requiring all Americans to have health care coverage, is instituted, according to Mr. Keefer.

In addition, Mr. Keefer said that all stakeholders need to join together in the spirit of collaboration. “That ultimately will determine the success or failure of health reform,” he added.

Capitol Hill visits

The program ended with Christian Shalgian, Director of the ACS Division of Advocacy and Health Policy, and legislative staff from the specialty societies providing briefings on issues for discussion with lawmakers and their health policy aides. The main issue that all surgeons were urged to raise during their Capitol Hill visits was that of Medicare payment reform. More specifically, the ACS and the surgical specialty societies have three top priorities for this effort: (1) repealing the sustainable growth rate (SGR) and establishing a new baseline for the physician payment system; (2) replacing the current SGR with a system of multiple conversion factors; and (3) ensuring that any additional payments that are made to primary care physicians are not made at the expense of specialty physicians, including surgeons.

Other topics that surgeons had the option of discussing during their Capitol Hill visits and on which they were given briefing materials are as follows: enhancing quality

improvement initiatives, stabilizing the surgical workforce and preserving quality resident training, alleviating the medical liability crisis, improving trauma and emergency care, and investing in health care research. Through the JSAC,

surgeons visited a total of 272 legislators' Capitol Hill offices.

Operation Patient Access

Lastly, JSAC participants had the opportunity to witness the launch of Operation Patient Access: Quality Surgical Care

for All. This public affairs campaign is designed to draw attention to surgical workforce shortages. For more information about Operation Patient Access, go to *<http://www.operationpatientaccess.facs.org/>*.