

Looking forward

By the time you read this column, Congress is likely to still be grappling with how to overhaul the nation's health care system. At press time, lawmakers were saying that the issue was being placed on hold until at least the end of February and considering alternative methods of enacting health care reforms. But make no mistake—this issue is not going away. The current system places too many burdens on the federal budget, too few Americans have access to care, and the quality of care that some patients receive could still be improved.

Throughout the development of the legislation, the College's leadership and advocacy staff have sought to ensure that whatever health system reforms come to fruition address surgeons' key concerns. Our top priorities include repeal of the sustainable growth rate (SGR) methodology that is used to calculate Medicare reimbursement, implementation of reliable and reasonable quality measures, and liability reform. We also have voiced opposition to proposals that would establish an independent payment advisory board (IPAB), and have made known our support for efforts to improve patient access to timely, unencumbered, affordable, and appropriate health insurance.

Issues and positions

Congress is acutely aware that the current Medicare payment system is unsustainable, and congressional leaders continue to signal that they will enact some sort of long-term SGR reform this year, either through health care reform legislation or through a separate measure, such as the debt relief proposal under consideration at press time. The College is lobbying for permanent repeal of the SGR and for resetting the budget baseline for Medicare reimbursement.

Efforts to improve quality and measure outcomes have been under way for some time. The stimulus package enacted last year contained incentives for the expanded use of health information technology and for comparative effectiveness research (CER). The College supports the plans that would provide financial assistance to surgeons who move toward the use of electronic health records and use CER as a tool to establish high-quality decision making, rather than to determine cost-effectiveness.



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Another key element of the federal government's efforts to evaluate quality of care is the Physician Quality Reporting Initiative (PQRI), which was initiated in 2007. At this point, the College's regulatory experts believe that the PQRI is riddled with a number of systemic problems. Until these flaws are fixed, we oppose proposals that would mandate physician participation in the program.

With regard to liability reform, the College has long supported national legislation that follows the model set forth in California's Medical Injury Compensation Reform Act (MICRA), including a cap on noneconomic damages. At this point, the federal government is opposed to nationwide implementation of MICRA-type reforms. However, lawmakers do seem to be open to the possibility of offering incentive payments to states that enact or implement alternative dispute resolution (ADR) mechanisms. In recent years, we have voiced support for ADR and for extended protections for those health care professionals who adhere to clinical guidelines.

Perhaps the most controversial concept under consideration is the creation of an IPAB composed of 15 members appointed by the President. This panel would be responsible for making proposals to Congress aimed at extending the solvency of the Medicare program, slowing Medicare spending, and improving quality of care for beneficiaries. The College and many other surgical, medical, and patient advocacy organizations oppose the IPAB concept because such an entity ultimately would divest Congress of its authority over Medicare and, thereby, replace the transparency of congressional hearings and debates with a minimally open process overseen by unelected officials.

Looking forward

Regardless of whether a sweeping health care reform law is enacted this year, we are likely to see continued efforts to move forward in all of these areas. So, the big question is: What does the American College of Surgeons and its members need to do to prepare for the future?

With regard to payment, the ACS will need to accumulate and disseminate information about how surgeons are faring in efforts to hold down costs, yet provide high-quality services. Individual surgeons will need to hone their practice management skills and engage in practice-based learning, and the College will need to continue to develop educational programs to assist its members in these efforts.

The College also will need to promulgate core measures of quality surgical care and articulate to payors the value of surgical care. The ACS trauma programs provide a template for accurately measuring outcomes and developing standards that lead to safer, more effective patient care. We also will need to continue to develop and refine the ACS National Surgical Quality Improvement Program and to work with the Centers for Medicare & Medicaid Services to address the deficiencies associated with PQRI and to offer clinically relevant guidelines for care. Our members will need to participate in all of these efforts so that we can bring reputable, statistically relevant information to the negotiating table.

If, despite the medical community's best efforts, an IPAB proves to be an inevitability, we cannot waste precious time complaining about it

after the fact. Instead, we will need to work with the Administration to ensure that one of the College's payment experts is appointed to the committee, so that surgery is properly represented.

In addition, we will continue to push for liability reforms that will ensure that patients are appropriately compensated for any injuries or losses they experience while receiving surgical care. Equally as important, the ACS also will need to continue to develop standards that can be used as a defense in lawsuits and to inculcate surgeons in risk avoidance.

Finally, we need to think about how this country will address the spike in demand for our services that is likely to occur if access to insurance should be broadened at some point in the future. An estimated 30 million more Americans will have coverage if health care reform passes. Who will serve them? Therefore, we need to continue to expand the workforce by taking the steps necessary to attract bright young people to our profession and to appropriately mentor them.

These are just a few thoughts about where the profession needs to head as the health care reform debate continues. I welcome your thoughts about what the College can do and encourage you to get involved in those activities that match your individual talents and interests.



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