

From my perspective



As everyone who practices surgery today realizes, the legislative and regulatory issues affecting our profession are overwhelming, and any efforts to resolve these matters have proven to be complex. Therefore, surgeons in all specialties need to work together to determine how and why our current problems arose, which ones can be managed, and how the surgical community can contribute to improving the future of patient care.

Recognizing that the health policy issues before us call for a proactive stance, as well as cooperative yet forceful and swift reactions, the College has formed a new Regental Health Policy Steering Committee, which is working closely with the College's Washington Office. It is our vision that this committee will respond in a timely fashion to issues that are of importance to all of surgery so that we can speak with a unifying voice for our patients.

Critical health policy issues

The issues confronting us today are many and extremely complex, and they evolved over a long period of time. Reimbursement problems came to the fore in the early 1980s, when the prospective payment system was developed to pay for hospital-based Medicare services. Subsequently, the resource-based relative value scale (RBRVS) was devised as the basis for determining payment for physician services rendered to Medicare patients. The RBRVS led to payment reductions for surgeons and forced the College to focus much of its advocacy power on reimbursement issues.

Along with Medicare reimbursement, health care reform has been the subject of contentious debate in Washington, especially since the Clinton Administration offered its ambitious overhaul plan nearly eight years ago. That proposal, of course, was shelved in 1994 after heated debate, leaving the free market to be the dominant voice of change since that time. Managed care organizations have absorbed the bulk of patients who receive coverage through the workplace, yet we still must contend with the daunting problem of 43 million people being uninsured in this country. Meanwhile, we cannot even say that managed care has controlled the

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cost of medicine, as the nation's employers are likely to face two-digit annual increases in their health care bills.

Further, the government has continued to enact laws and accompanying regulations to the point where the complexity of practicing medicine today is mind-boggling. For example, the Emergency Medical Treatment and Labor Act (EMTALA) has resulted in the imposition of unrealistic on-call requirements, and the Health Insurance Portability and Accountability Act (HIPAA) led to, among other concerns, the creation of a flurry of anti-fraud and abuse rules and new regulations affecting the use of information contained in patient medical records. In other words, some well-intentioned laws led to the imposition of regulations that are simply stifling and impractical given our current resources (they are approved but not funded).

Additionally, we must contend with waste in our medical system and the fact that frequently the value of the end medical “product” may not

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always meet expected standards. Thus, we face additional pressures generated as a result of reports issued by groups such as the Institute of Medicine, which point to errors and other problems within our systems of delivery.

Policymakers in Washington are receiving input on these issues from an array of stakehold-

ers. Competing organizations—such as those representing patients, hospitals, and pharmaceutical companies—are all actively lobbying for their own special interests. At the same time, employers are very vocally expressing their concerns about the cost of medical coverage, which comprises a staggering amount of their budgets.

The committee

So, now more than ever, the College needs a group of knowledgeable, concerned surgeons to work on health policy issues. This group should help us move our focus away from the divisiveness that has often hindered progress on payment issues and refocus our political energies on patient welfare and other matters that ally surgeons and are on the front burner for Congress. Not all of the issues can be resolved, but we anticipate that our Health Policy Steering Committee will assist in formulating an advocacy agenda that is patient-focused, unifying, and doable. Setting a feasible agenda will be key as we become a more proactive organization.

The Health Policy Steering Committee is chaired by Josef E. Fischer, MD, FACS, of Cincinnati, OH. Representatives from a broad spectrum of surgical specialties and demographic groups serve on the panel. To ensure that we can go forward as an integrated body representing not only surgery but other medical disciplines as well, surgeons with close ties to the American Medical Association, the specialty societies, and other organizations also have seats on the committee (see roster, p. 5).

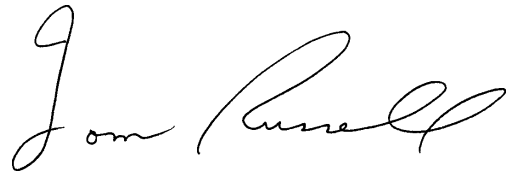
The committee held its first meeting in February and was very productive. Topics discussed at that time included those related to patient safety, collective bargaining, EMTALA, graduate medical education, physician workforce problems, and managed care reform.

Looking ahead

With the number of issues and challenges facing the medical profession, it is of the utmost importance that the surgical community and especially the College reconsider its political goals. Are we going to make small, incremental changes, or is the health care system ready for major systemic change? Are we going to accept only piecemeal changes, or are we prepared to accept fundamental restructuring?

As a College representing all of surgery, we need to have a say in the debates of the 107th Congress and into the future. Our new Regental committee is another example of how the College is attempting to unify all components of surgery such that we can have a proactive and timely voice in setting a tone and an agenda with regard to health care.

I invite all of you to help the College formulate appropriate goals and responses for the future. Your input will assist me and the members of the Health Policy Steering Committee to in forging policies and plans for the future.



Thomas R. Russell, MD, FACS

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