



Fellowship programs place surgeons in policymaking positions

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There is an old saying that developing legislation is a lot like making sausage; the results taste great, but you probably wouldn't want to eat it if you had to watch it being made. Nonetheless, many surgeons recognize that the regulatory and health policy climate affecting their profession has changed dramatically in recent years, and that policy decisions made by legislators and regulators have an impact on many aspects of surgical practice. The decline in payment levels and clinical autonomy, as well as the escalating "hassle factor," have been growing and ultimately stand to affect how surgeons provide services to their patients. The ongoing effect of public policy, combined with the realization that surgeons' voices have been largely lacking at many negotiating tables, has driven some surgeons to become more politically active.

Surgeons take varying approaches to ensure that their perspectives and experiences are taken into account and that new policies reflect the "real world" of surgical practice. Some Fellows have elected to exert influence over the process through their involvement in chapter legislative efforts at the state and federal levels, including participation in the College's Capitol Hill visit program. Others have lent their expertise to a variety of federal and state regulatory committees and panels. Still others have chosen a very different route, taking advantage of opportunities to be directly engaged in policymaking, generally

through fellowship programs that allow clinicians to work directly on Capitol Hill or in the White House.

The White House Fellows and the Robert Wood Johnson Fellowship programs are two of the many distinguished programs that allow clinicians to come to Washington, DC, and immerse themselves in the health policy mixing bowl at a high level. While the objectives, stages of career at which individuals may participate, and the venues of the two programs differ slightly, they both share a commitment to offering surgeons an opportunity to put their experiences to work and to put complicated policies into action. Individuals who have opted to participate in these programs and experience firsthand the legislative and executive branch deliberations on health policy all seem to agree: People who aren't at the table articulating their position and how it affects patients and the population at large can't complain about the outcomes.

The White House Fellows program

Lance Wyatt, MD, is currently chief resident in the combined plastic surgery residency training program at Harvard University and a member of the ACS Candidate Group. Dr. Wyatt was in the fourth year of his general surgery residency at the University of California, Los Angeles (UCLA), when he realized that the forces affecting medicine and patients often existed outside the day-to-day operations of a university hospital. "I had already matched in plastic surgery and came to realize that if physicians were going to have any impact on the future of health care and medicine, it was important to step up to the table and be immersed in the process of governing.

"Personally and professionally, the White House Fellows program seemed like a good fit," he said. "I had a choice between a chief residency position at UCLA or the White House Fellows program, and I chose the Fellows program. It took some convincing. My mentors, my parents, and my colleagues all wondered why I would give up the traditional path of working as a chief resident. Some viewed this move as a distraction from the traditional model of surgical training. But other outside-the-box thinkers, who realized the growing impact of policy on practice,



Dr. Wyatt with White House Fellows and the President. Front row, left to right: Sunil Garg, Daniel Feldman, Melissa Goldstein, Dr. Wyatt, Jacqueline Lain, Esther Benjamin, Maj. Peter Najera, and Ariel Zwang. Back row: Lt. Christopher Moore, Timothy C. Wu, Gary Hall, then-President William J. Clinton, Khalid Azim, Lt. Juan M. Garcia III, Reynaldo A. Valencia, and Maj. Barrye L. Price, PhD.

thought it would be a wonderful opportunity to explore—one that would help make me a better surgeon and proponent for my profession." (See photo, above.)

In general, the current educational process doesn't encourage stepping outside the discipline. "But did you know that there were five physicians who were signers of the Declaration of Independence? Physicians have a rich history and commitment to society, but over time our participation in government has waned," Dr. Wyatt said. "At least for the purposes of enlightened self-interest physicians would be wise to be active participants in a process that holds sway over the practice of medicine."

Dr. Wyatt noted, "Our training, skills, and value set are essential to the debate—especially on issues that affect surgery and our patients. Surgeons are healthy skeptics, are data-driven; they make rapid decisions at all hours based on incomplete data, are decisive, thoughtful, and thorough, and, most of all, have been coached throughout their surgical training at maintaining good patient-physician relationships. I believe those same skills lend themselves to the process of governing," he added.

"The year was over before I knew it, and I



Dr. Miller and other members of the RWJ Fellowship Program. Left to right: Lisa Kaplowitz, MD; Dr. Miller; Burton Edelstein, DDS; Linda Degutis, RN, PhD; Karen Guice, MD, FACS; and Clyde Evans, PhD.

wouldn't trade it for anything. Health care is changing and medicine is at a critical juncture," Dr. Wyatt said. "Applications to medical schools are down, and some general surgery residencies are not filling their categorical spots. It may be time to consider how we are going to grow and groom the next generation of clinical leaders and to understand that there are new venues where our experience is critical."

While the White House Fellows program is usually considered an early career stop for most participants, the ages vary, and there have been several physicians who participated in the program later in their careers. In fact, according to Dr. Wyatt, "Jeff Colyer, MD, a plastic surgeon who was a White House Fellow in 1980s, is currently running for Congress in the Third District in Kansas. That's what we need, surgeons taking the risk and stepping to the table if you really want change."

The Robert Wood Johnson Fellowship

The Robert Wood Johnson (RWJ) Fellowship is specifically designed for mid-career clinicians who have significant experience under their belts. Fellowships run for three years, with 12 to 16 months of actual hands-on work experi-

ence in the Washington, DC, policy arena. Fellows receive a stipend of \$80,000 per year, benefits, housing, and travel expenses.

Robert Miller, MD, FACS, currently in the office of the dean at the University of Nevada School of Medicine, participated in the RWJ Fellowship in 1997 (see photo, left). He characterized it as "a life-altering and invaluable experience, one of the high points of my personal and professional career."

Dr. Miller worked in Sen. John Breaux's (D-LA) office in 1997 during the heated debates surrounding the Balanced Budget Act of 1997. He handled a number of issues for the senator that were outside his field of otolaryngology. For example, Dr. Miller worked with Senator Breaux and his staff to develop a demonstration program to test whether an insurance model resembling the Federal Employees Health Benefits Program (FEHBP) would work to control costs and provide the same level of services for Medicare beneficiaries. That proposal passed in the Senate, but did not fare well in the House-Senate conference committee. But, as Dr. Miller commented, "You learn that if a bill or an action doesn't make it through the legislature the first time, it could be introduced again during the next session. Senator Breaux's FEHBP Medicare demonstration project resurfaced as part of the special Medicare commission's report and missed passage by only one vote. I fully expect to see the measure come again in the years to come."

Dr. Miller suggests that the lessons learned are particularly important for all surgeons to appreciate. "You learn that each accomplishment, however small, is hard-won. There are tremendous resources throughout government available to you as a citizen, as a practitioner, and for your patients. You also learn that there are dedicated, smart people working in your government—professionals who are committed to doing the right thing amidst very difficult and competing pressures. The benefit of being a surgeon at the table is that your hands-on experience with patients means you can help formulate programs that will work and minimize the problems they might create at the front lines of practice."

Dr. Miller, however, noted that certain aspects of the RWJ Fellowship program may be obstacles



Dr. Rice in front of the White House with other RWJ Fellows. Left to right: Ken Chance, DDS; Steve Ringel, MD; Jay Himmelstein, MD, MPH; Phil Hofschire, MD; Marion Ein Lewin, former director of the RWJ Health Policy Fellowship program; Robert Frank, PhD; Irwin Merkatz, MD; and Dr. Rice.



Dr. Dunn and fellow RWJ Health Policy Fellows. Left to right: Angela Mattie, Mario F. Pacheco, Anne De Biasi, Patience H. White, Dr. Dunn, and Kristofer Hagglund.

to participation. “A lot of surgeons would be concerned about the lost income, the turmoil of moving a family, the potential loss of stature or placement in their institutional structure, and the loss of surgical skills while devoting a 110 percent effort to learning and working in the policy arena,” he said.

“However, all that was worth it to me, as I learned how the process works most effectively and now can apply those skills on behalf of my institution, my profession, and my patients,” Dr. Miller said. “The surgical skills came back, almost immediately. And, while there was a loss in income and I had to use some of my savings, the experience helped set the stage for the work I’m doing now at the University of Nevada and for the College as part of its Health Policy Steering Committee.”

Charles Rice, MD, FACS, vice-chancellor of the University of Illinois at Chicago, was at the University of Washington when he worked from 1991 to 1992 as a RWJ Fellow for Sen. Tom Daschle (D-SD) (see photo, above left). “Sena-

tor Daschle wanted us to develop a workable single-payor proposal. While that proposal did not pass, it helped inform the larger discussions during the health care debate of 1993-1994. I also worked on a toxic exposure registry for veterans of the Gulf War, and programs to address fetal alcohol syndrome on the Indian reservations,” he said.

“Perhaps one of the greatest insights I gained in the process was a new understanding of how policymakers work on very complicated issues,” Dr. Rice said. “They are surrounded by competing and persistent demands from constituent and vocal interest groups. There are also painful compromises that have to be made, and it is important to understand the conflicting dynamics.”

But the most compelling reason for Dr. Rice’s decision to take the time off from practice was his belief that “something will ultimately happen that will fix the fundamental flaws in the health system. It is imperative that surgeons be there.” The most frustrating aspect of the time

Dr. Rice spent on the Hill was confronting the fact “that resolution of some of the biggest drivers of decreasing health care costs—using motorcycle helmets or seat belts, restricting handguns, stopping drunk drivers and smoking—remained issues untouched and out of reach. Ultimately, I thought it was best that a surgeon be at the table during these health policy discussions to ensure that our patients and practices were heard and understood.”

Edward J. Dunn, MD, MPH, FACS, was a thoracic surgeon working at the Milwaukee Medical Clinic and Columbia Hospital when he decided to take a different course and pursue a master of public administration degree at the Kennedy School of Government, followed by a master of public health at the Harvard School of Public Health. The following year he became a RWJ Health Policy Fellow and worked as legislative staff for Sen. Edward Kennedy (D-MA). (See photo, p. 14, right.)

“I couldn’t have done this when my children were small. But, because of the increasing complications and involvement of government in health policy, I decided it was essential to understand how Congress works. It truly is a different planet, and there is no way to access Washington, DC, and change health policy without seeing it, experiencing it, and getting involved with the process,” Dr. Dunn said.

“The people on the Hill often advanced what seemed like ‘great’ ideas about health policy, but many of them had never experienced the health care system in their lives, much less known how to care for patients. Working for a senior member of the Senate and on the Health, Education, Labor and Pension Committee meant that we were valuable commodities, counted on for our “real world” sensibilities of what would really work for patients, communities, and practices. Also, there are very few physicians in government, and the scarce number who are there generally bring a primary care medical training perspective. Policymakers need a surgeon’s sense of the science, innovation, application of technology, and ability to allocate resources.”

“There were several lessons I learned,” Dr. Dunn added. “First, people on the Hill—from members to staff—were smart, hard-working, motivated, and had a great work ethic. But, they



Dr. Hoopes

did not have a lot of life experience—much less a practitioner’s experience of what works and what doesn’t. There were a lot of elegant ideas floated that would get an ‘A’ at the Kennedy School, but wouldn’t work in practice. RWJ fellows, and especially surgeons, were essential in bridging the worlds of health and policy.”

The second lesson Dr. Dunn said he learned “was that James Madison’s vision of a deliberative democracy is alive and well. It usually takes several sessions for good ideas to become law. Medicare and Medicaid, for example, germinated for 20 years before laws were passed. Big reforms don’t happen in Washington often.”

Finally, Dr. Dunn noted that the process can sometimes be disheartening. “Politics, in some cases, trumps good policy. Members want to get reelected. The interest groups and political action committee contributors hold their attention. There are painful compromises that oftentimes are made. But, the good we did overshadow the frustration factor. I left with enduring relationships, an insider’s view of how to insert your insights into the policy development process, and a realization that if it doesn’t work at the federal level, there is always an opportunity at the state and local levels.”

John E. Hoopes, MD, FACS, now retired from Johns Hopkins University Medical Center in Baltimore, MD, and enjoying an active life at Lake
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manual as well. For example, rather than enacting legislation that extends immunity to volunteer clinicians, a few states provide a mechanism for subsidizing the purchase of malpractice insurance. Twelve states have statutory provisions designed to encourage retired physicians to volunteer.

Federal legislation


Reacting to an environment in which individuals were reluctant to volunteer for fear of liability suits, Congress passed the Volunteer Protection Act (VPA) of 1997. According to the VIH manual, a volunteer clinician acting within his or her scope of duties in a not-for-profit organization is protected from liability for simple negligence. (There are exceptions for misconduct related to crimes of violence, sexual offenses, civil rights violations, and other offenses.) Even when the volunteer is held liable for gross negligence, the VPA limits the award of punitive damages to those cases in which there is clear and convincing evidence of willful or criminal misconduct or conscious, flagrant indifference to the rights or safety of the individual harmed. The VPA also limits awards for noneconomic damages (pain and suffering) to the proportion of harm caused by the volunteer.

The VPA preempts state laws that are inconsistent with the federal statute but does not preempt any state law that provides additional protection.

Like most state statutes, it does not limit the liability of the not-for-profit organization through which the volunteer provides services. Also, like state laws, the VPA does not limit a plaintiff's right to bring suit. Critics say the law's weakness is that plaintiffs will simply claim gross negligence. (A claim that might have tested the VPA—*Momans, et al vs. St. Johns Northwestern Military Academy, Inc., et al*—did not move forward in court.) However, in those states that have weaker or nonexistent protections, the federal law affords at least some measure of protection to the volunteer clinician.

Conclusion

The VIH manual on charitable immunity laws is available at no charge at <http://www.volunteersinhealthcare.org/Manuals/charit.imm.man.pdf>. Printed copies may be requested by calling 1-877/844-8442 (toll-free). As the manual demonstrates, a variety of liability protections are available to surgeons who want to volunteer their services. Hence, surgeons should not allow fear of lawsuits to stand in the way of giving back to society.

The B/G Committee on Socioeconomic Issues intends to continue to develop and suggest new ways to stimulate interest in volunteerism among Fellows of the College. 

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Lure, NC, was one of the first surgeons to participate in the RWJ Fellowship in 1980 (see photo, p. 15). While he enjoyed the concentrated orientation to the way things work in Washington, he found he missed patient care tremendously. For him, the Fellowship experience confirmed that he had made the right decision devoting his energies to patient care. As Dr. Hoopes put it, he “realized there were no greener pastures.”

Dr. Hoopes left the experience somewhat disillusioned about the dealmaking and narrow agendas offered by many policymakers and their staff members. Nonetheless, he notes that there is a need for surgeons to help expand those agendas to reflect what is best for patients and practice.

How to apply

Applications to the White House Fellows program must be postmarked by February 1 each year and are available on the following Web site: <http://www.whitehouse.gov/fellows/>.

For the RWJ Fellowships, applications are due at the Institute of Medicine by November 15 of each year and must include references, a description of a proposed project, and institutional endorsements. Those individuals who are accepted begin Fellowships the following fall. A complete program guide and description of the program are available at www.nas.edu/rwj. For more information, contact Barbara Cebuhar at bcebuhar@facs.org. 