



# How to talk to doctors about health reform

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# Road Map

## Intro

- Why reform?
- Why are doctors crucial?

## Fixing our health system:

- Invest in Health Information Technology
  - Invest in Prevention and Wellness
  - Payment reform: Reward excellence
  - Strengthen Primary Care
  - Invest in Comparative Effectiveness Research
  - Public Insurance Option
- 
- Point-counterpoint: responding to attacks

# Why reform?

- Economic: spending over \$2 trillion a year on health care
  - We spend almost 50 percent more per person than the next most costly nation.
  - 2.3 trillion on healthcare ~ \$7,000 per person.
  - The cost of health care for the average American family is \$16,771
  - Half of all bankruptcies are related to medical expenses

# Why reform?

- *“I see patients every day that choose between taking the critical medicine I prescribe to them and paying another important bill, including a high premium insurance bill, and every day I feel their frustration and pain.”*  
– Jeffrey Wilson, MD (Rhode Island)
- *“[T]he sickest people are the same people who don't have health insurance and can't get the care they need.”*  
– Ilana Addis, MD MPH (Arizona)

# The urgent need for reform

## Americans lack Access to Care:

- 47 million people are uninsured
- 87 million people were uninsured at some point in 2007 and 2008
- Even people with insurance have difficulty accessing the care they need in many regions of the country.

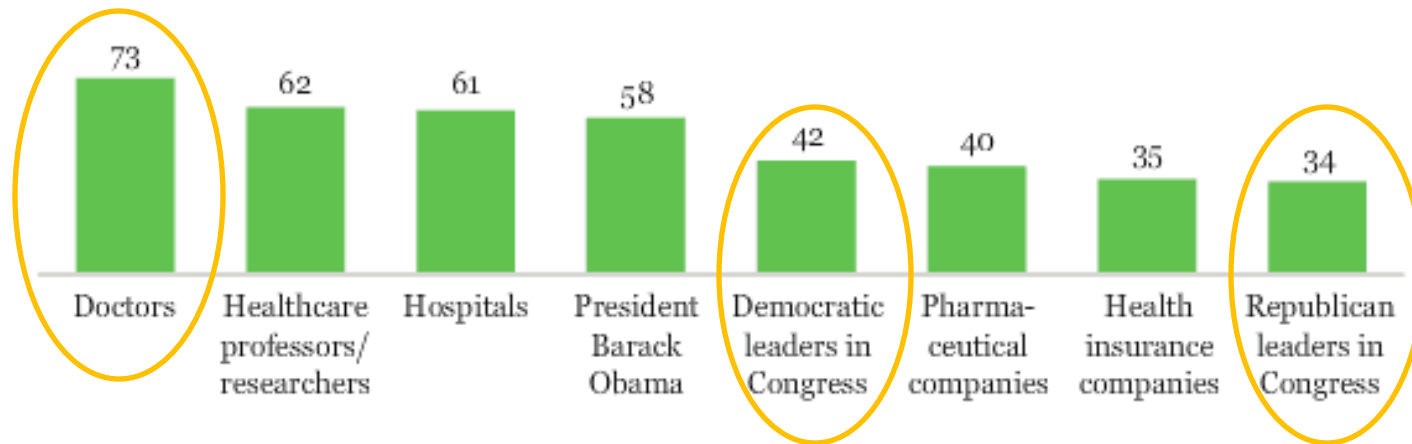
# Why Reform Now: The cost of inaction

- Health care reform is the single most important thing we can do for America's long-term fiscal health. That is a fact.
- We know this is an historic opportunity we've never seen before and may not see again.

# The public trusts doctors more than anyone else on health reform.

*Next, we have a question about healthcare policy in the United States. As I read some names and groups, please say whether you are confident or not confident in each to recommend the right thing for reforming the U.S. healthcare system.*

■ % Confident



Gallup Poll Daily tracking, June 13-14, 2009

GALLUP POLL

# Doctors want reform that . . .

- *“Gets us back at the bedside and away from paperwork and not having to face bankruptcy due to difficulty in getting 3rd party payers to pay.”* -- Frances Haas, DO (Tulsa, OK)
- *“Provides affordable health care options for every man, woman, and child . . . rewards smart practice rather than defensive medicine. Help us help people!!”*  
--Kiona Allen, MD (Chicago, IL)

# What are we fighting for?

- Keep what works
- Fix what's broken
- Accessibility, affordability, quality, and helping doctors be healers

# How we fix what's broken

- Invest in Health Information Technology
- Invest in Prevention and Wellness
- Payment reform: Reward excellence
- Strengthen Primary Care
- Invest in Comparative Effectiveness Research
- Public Insurance Option

- *“I am frustrated by fragmentation of the system which results in waste, increased risk of errors, barriers to care, and diversion of provider resources away from patient care.”*
  - James Wilterding, MD (Albuquerque, NM)
- *“I am frustrated by lack of inter-hospital communication, antiquated medical records/systems.”*
  - Mark Rastetter, MD (Chicago, IL)

# Invest in Health Information Technology

- Make it easier for physicians to do their jobs.
- Cut down on unnecessarily repeating costly tests.
- Lower administrative costs.
- Reduce medical errors.

# Invest in Prevention and Wellness

## The problem

- 5 of the costliest illnesses and conditions (cancer, cardiovascular disease, diabetes, lung disease, and strokes) can be prevented.
- Only \$0.04 of every \$1 in health care is spent on prevention or public health.

## What reform can do

- Pay doctors and community resources to focus on prevention and wellness.
- Invest in research on prevention and wellness.

# Payment reform: Reward excellence

## The Problem

- The system rewards the quantity of care rather than the quality of care.
- Dartmouth study: you're no less likely to die from a heart attack and other ailments in a higher spending area than in a lower spending one.
- Atul Gawande's *New Yorker* article: McAllen, TX spends twice as much as El Paso, TX with no improvement in health.

# Payment reform: Reward excellence

What reform can do. Provide incentives for:

- Coordinating care
- Chronic care management
- Quality care

# Strengthen Primary Care

The problem

- Primary care significantly decreases morbidity and mortality
- But primary care is in crisis.

What reform can do:

- Make primary care physicians competitive with other specialties
- Provide incentives for primary care service in critical shortage areas of the country.
- Increase funding for the National Health Service Corps (NHSC).

# Comparative Effectiveness Research (CER):

The problem:

- <1% of our health care spending goes to figuring out what treatments are most effective.
- It can take up to 17 years for research to find its way to an exam room or operating table.

Goals of reform

- Research to identify what works
- Facilitate rapid implementation of what works into your practice

# Public Insurance Option:

What a public health insurance plan can offer:

- Affordable insurance access for our patients
- Transparency
- Broader access to health care professionals
- Large scale adoption of quality standards and use of electronic medical records, in concert with Medicare and Medicaid
- Lower administrative expenses
- No need to earn profits

# Why the Public Plan is Good for Doctors

- **More Insured Americans Means Less Uncompensated Care**
  - Fewer uninsured patients will lead to physicians worrying less about recouping costs, allowing physicians to focus on what we do best—take care of our patients.
- Guaranteed defined benefits for patients, ensuring fewer coverage gaps and healthier patients.
- Prohibits insurance companies from denying coverage because of pre-existing conditions.

# Point-Counterpoint

Beating back the attacks on health  
reform

**Point:** Covering all Americans -- even with a public plan -- will not solve the health care crises

**Counterpoint:**

- We agree! ***The three major problems — coverage, cost, and quality — must be attacked simultaneously.***
- *This requires real reform in the financing, organization, and delivery of care. It requires changes in the organization and delivery of care that provide physicians with the information, infrastructure, and incentives they need to improve quality and control costs*

**Point:** Doctors stand to lose money from health reform -- so will oppose change

**Counterpoint:**

- A large number of doctors support health reform
- DFA and other organizations like the NPA, SEIU/CIR, AAFP, AAP, AMSA all support the health reform process
- Physicians want health reform that helps us take care of our patients
- The reforms being discussed will improve access to care, improve quality, reduce costs --> all things that help doctors care for our patients

# Cost of Reform

**Point:** Reforming the system will cost on the order of one trillion dollars over the next ten years.

**Counterpoint:** That sounds like a lot of money – and it is.

– BUT...the cost of inaction is far greater.

# Why Reform Now: The cost of inaction

**Point:** Health reform is too expensive.

**Counterpoint:** Rising health care costs could cause our entire economy to stagnate.

**Point:** We can't afford to tackle health reform now while we face a looming budget crisis.

**Counterpoint:** Rising health care costs are driving the growth of the Medicare and Medicaid entitlement programs, which now account for roughly 20 percent of the federal budget.

# Comparative Effectiveness Research (CER):

**Point:** CER is about dictating what kind of care should be provided

**Counterpoint:** CER is about providing patients and doctors with the information they need to make the best medical decisions.

Thanks for all your hard work  
bringing this message to doctors  
all across the United States

Questions, concerns?

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