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Code Red, White and Blue

Doctor, You're Needed on the Hill: Health Policy and You Redux

Joseph D. Schwartz

Grassroots. You've heard it before, especially if you have been paying attention to the recent presidential campaign. This unassuming term is now more powerful than ever. Here's why.

This administration, this Congress and many stakeholders (e.g. employers and insurers) that affect and will be affected by health care reform have the potential to work together to enact significant change in our system, and grassroots lobbying will be there. Recently the AMA joined with the ACS Cancer Action Network, Families USA, Pharmaceutical Research and Manufacturers of America, Regence BC/BS and the Service Employees International Union (SEIU) to unveil a TV ad calling for health care reform as an impetus for jumpstarting the national economy and making businesses more competitive.^{1,2}

With this administration the rules are changing. You now live on K Street. Businesses, interest groups, and other forms of traditional lobby that have thrived for decades on Capitol Hill will be downplayed as grassroots is coaxed to the forefront. A great example of this is the town hall discussions that recently popped up all over the country at the behest of this administration's transition team and Sen. Tom Daschle, the former Cabinet selection for Secretary of Health and Human Services (HHS), to discuss proletarian ideas for health care reform. Party affiliations aside, you have to appreciate this grassroots approach. We're talking about your ideas being heard directly by a member of the President's Cabinet. And this was all prior to the election. Effective? We will see. Refreshing? Absolutely.

Now just to review how you can become an integral part of this complex and debated mission, should you choose to accept it, there are three general weapons of choice when it comes to advocacy. The first is professional lobbying (e.g. AMA) which uses advertising and funding and attempt to rally the public to join them in educating our elected representatives. Second, you have political action committees (PACs), which may be their own entity or exist as a part of associations like the AMA (e.g. AMPAC) that concentrate on supporting and electing officials that represent their views, something the AMA cannot legally do. Third is the grassroots lobby, which is all of us, the most basic components of the lobby machine, and now it would seem, potentially the most important. This administration has already begun tapping this great resource and my hope is that it will continue to do so with the new HHS Secretary.

I realize I am writing to one of the least captive audiences imaginable: an overworked student body of 18,000 intelligent people that understandably desire to spend their few remaining free minutes doing something other than reading about topics so seemingly extraneous as health policy and politics. It is easy to feel overwhelmed with information and being one of you, I have to say that is a pretty darn good excuse to avoid it. More dangerous though, is to be entrapped by the assumption that someone else will stand up and speak for you if you do not. I can guarantee someone will speak for you, but they will not necessarily be supporting your ideas and views. A great many issues affect you as medical students, as new residents and as physicians of all ages, from primary care to subspecialized surgery. Let's review a few of the

topics that I presented in my last article and just maybe, either due to the change that has come about or lack of it, you may be enticed to contribute to Lobby Day in the future.

Last year's Student/Resident/Fellow Lobby Day, on which I reported in the previous *Quill & Scope*, concentrated on education, discussion and advocacy of three AMA priorities: medical student debt, physician repayment, and covering the uninsured. In one year what has changed?

Medical student debt is still a hot topic. The 20/220 pathway for economic hardship loan deferment that affects 60 percent of residents would have been eliminated by College Cost Reduction and Access Act had it not been for AMA advocacy efforts. However further lobby is needed to support reinstatement or at least delay elimination until after 1 July 2009 when an income-based repayment program can be instituted.² Basically, we need to avoid both forbearance^a as well as a gap in viable loan finance options because student debt indirectly affects primary care access, as does another money issue: physician reimbursement.

With an unprecedented grassroots and media campaign, the AMA was successful in lobbying Congress to prevent a scheduled 10.6 percent repayment rate cut in July 2008. Despite a presidential veto, H.R. 6331, the "Medicare Improvements for Patients and Providers Act of 2008," passed with bi-partisan majorities in both the House and Senate. The law provided a 0.5 percent update through the end of 2008 and an average 1.1 percent update for Medicare physician payment schedules in lieu of a another 5.4 percent cut on Jan 1, 2009. While a modest victory, the AMA is still garnering support during this 18 month reprieve for more permanent and appropriate solutions, such as replacing the Sustainable Growth Rate (SGR)-based updates with the Medicare Economic Index (MEI) estimates to more accurately reflect practice costs.²

The topic of insuring nine million children and approaching fifty million uninsured or underinsured Americans will need revisiting by the 44th President and 111th Congress. In its effort to find a common ground approach to expanding coverage to all Americans, the AMA plans to continue to expand its "Voice for the Uninsured" campaign, which posted online responses to a questionnaire last year from the McCain and Obama campaigns.²

These three are by no means the AMA's only priorities, however they are all related. Access to care is jeopardized by liability premiums and frivolous lawsuits, especially in the fields of OB-GYN and neurosurgery. Health information technology (HIT), a potentially huge money-saver to include electronic medical records, physician prescribing, order entry and practice management systems, is a bipartisan issue that needs coordination of public and private funding as well as discussion of its return on investment, privacy implications and compatibility issues. Resident work hours and protection of participation in educational activities has been a debated issue for almost four decades. Public health and specialty interests are on the radar as well.

Perhaps most impressive this past year was that 30 physicians ran for Congressional seats and 14 were voted into office. Ten of those physicians previously participated in the AMA's annual candidate workshop, which by the way, is open to all of us. The fourth-ranked action committee AMPAC and local PACs played no small role in this effort, spending \$4.1 million to help elect 95 percent of their choices for the 111th Congress. According to AMA President

^a A temporary postponement or reduction of payments for a period of time for those experiencing financial difficulty that are ineligible for loan deferment. Unlike deferment, interest accrues for which you are responsible.

Nancy H. Nielsen, M.D., Ph.D., "what happens on Capitol Hill directly affects not just physician practices but our livelihood and the lives of our patients."²

If we are to be more than average doctors, if we are to be successful in our jobs and our life, it is my belief that we must understand not only the ever-growing and changing subject matter of our work but the business and political arms of this vocational octopus as well. I cannot think of a more complicated and demanding profession than that we have chosen for the simple reason that our success relies on our understanding of topics far outside the realm of our training and time constraints.

I find our health care system quite complex. When I figure it all out I will let you know. In the meantime we all understand that it requires innovation and large-scale change. Perhaps you or someone you know has experienced the worst or the best of the system. Let the worst motivate you. Do not let the best make you complacent, for perhaps you happen to be on one of those "islands of excellence in the sea of high cost mediocrity," as stated by a recent Dartmouth White Paper on reform advice to this new government.²

We are in a profession that relies on knowledge and teamwork. Some members of your team are working hard to protect your interests, from the second you step into medical school to the moment you retire. They want, need and deserve our help. French physician and philosopher Albert Schweitzer once said, "You must give some time to your fellow men. Even if it's a little thing, do something for others - something for which you get no pay but the privilege of doing it."

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