

TCMS RESOLUTION PASSES HOUSE

Tulsa County Medical Society, Resolved; that the position statement of the Oklahoma State Medical Association regarding components of health care reform which are supported and endorsed by the Oklahoma State Medical Association be forwarded to the members of the Oklahoma State Medical Association as well as members of the Oklahoma state and federal legislature.

Oklahoma State Medical Association Oklahoma Physicians and Health System Reform

Oklahoma State Medical Association (OSMA) physicians have been relentless advocates for healthcare system reform that puts patients' healthcare needs and their interests first. While we appreciate the fact that the health system reform bill potentially provides health insurance coverage to 32 million uninsured Americans, we are disappointed that Congress and the President failed to fix some of the most important problems that are major flaws.

"Congress and the President missed the opportunity to truly reform health care," said OSMA President Kent, King, MD, "Put simply, while some provisions in the bills were steps in the right direction, the measures passed by the Congress are mostly bad medicine for Oklahoma patients."

Our goal for reform has always been simple and direct: keep what is good and fix only what is wrong with our health care system. "Congressional action did little to fix the glaring problems in our system and unfortunately could saddle our patients with more bureaucracy, higher taxes, increased costs, and more red tape," Dr. King said.

Here is how the Congressional bills fall short:

1. These bills do nothing to address the high costs of medical care related to defensive medicine. Oklahoma joined a handful of other states in enacting comprehensive liability reforms on the state level in 2009. In stark contrast, this Congressional effort does nothing meaningful to address tort reform that could lower the high cost of health care.
2. These measures could impose unproven and arbitrary treatment standards aimed at reducing the cost of care without improving the quality of care.
3. The measures will dramatically increase the federal government bureaucracy (for example, over 16,000 IRS employees will be needed for enforcement purposes).
4. They will limit access to care because of the flawed Medicare payment formula Congress created in 1997 to pay physicians. The physicians who see Medicare patients will no longer be able to afford to see them. Without a Congressional fix, this so-called sustainable growth rate formula (SGR) will impose a 21.5 percent physician payment cut and will be directly responsible for limiting access to care for the poor, disabled, senior citizens and our military families.
5. Patients who now have private insurance through their employer are likely to be forced to accept a lower quality government controlled insurance.
6. Finally, this legislation significantly restricts the patient and the doctor from privately contracting with an insurance carrier by providing the wrong kind of financial incentives for employers.

While there are some good elements of the legislation such as eliminating pre-existing conditions, lifting the lifetime cap on coverage and allowing dependent children to stay on their parents' policies until they reach the age of 26, the health reform legislation passed last weekend will do more harm than good.

The physicians in Oklahoma will continue to work closely with our state and federal representatives to improve our health care system's quality and our patients' access to affordable care.

The Oklahoma State Medical Association represents over 5,000 physicians and medical students across Oklahoma and is dedicated to improving the health of all Oklahomans.

OKLAHOMA STATE MEDICAL ASSOCIATION
2010 Principles for National Health Care Reform
Updated 4/20/10

1) Small is beautiful: 9 out of 10 patients in the US get their care from doctors' offices with less than three doctors in that office (see, "The Independent Physician--Going , Going..." New England Journal of Medicine, February 19, 2009), small businesses that deliver highly personalized service to very different patients. This is a plus, not an anachronism of the past for our patients and for health care. Most Oklahoma physicians don't want to end up working for large corporations or institutions which are more interested in cost cutting than in delivering individualized compassionate and respectful care to acutely vulnerable citizens. We may be forced into large health care organizations if we cannot survive in independent practices, all in the name of ruthless efficiency and cost cutting.

2) Is There a Doctor in the House?: The 2010 Medicare physician pay cut of 21% which is scheduled to go into effect on June 1, 2010, will decimate small practices that provide the majority of care to Oklahomans. The fact is that many practices have already cut their expenses to the bone, and others are simply selling out to local hospitals or, even worse, prematurely going out of business. Fundamentally, you cannot leave the health care of Oklahomans in the hands of bureaucrats or impersonal corporations that are more interested in the bottom line than in the wellbeing of our patients, your constituents. Congress needs to repeal Medicare's Sustainable Growth Rate (SGR) formula and replace it with a reimbursement system that makes sure Oklahoma's Medicare population has access to quality health care when they need it.

3) Who Sets the Standards?: Comparative effectiveness studies and practice guidelines should be promulgated by our medical specialty societies and not by insurance companies that are more interested in the wellbeing of their CEO's salaries and their stockholders' return on investment. Oklahoma doctors trust their nationally respected peers far more than the federal government or some faceless voice at the other end of the telephone line dictating to us what they think is the right care for our patients.

4) Computers are a Tool, Not the Solution: Health Information Technology should be interoperable, and both patient- and doctor- friendly. Collected data should serve the purpose of advancing patient care, and not be just another check box or data point for insurers. Doctors should not have to hire employees to enter data in their office computers for the insurance companies and the government to mine for other profit-related purposes. We need more caregivers seeing patients in the office, not more data entry people.

5) Bring Patients Home: We support the proposed patient centered medical home concept, tailored to the realities of Oklahomans' lives and culture. We hope that the medical home concept will lead to central depositories of medical information for our patients and that it will facilitate appropriate and timely referrals to other Oklahoma physicians as needed while ensuring that our patients' privacy and confidentiality are appropriately maintained.