

# **TMA Position Statement National Health Care System Reform**

We are unified in our belief that the funding of the United States healthcare system needs to be changed to allow physicians to continue to provide the quality care that Americans expect and deserve within this country's fiscal constraints. We support health care reforms that provide affordable, essential health insurance coverage for all Americans.

As we have learned in Tennessee with the advent of our TennCare program over the last 16 years, reformations to our national healthcare system need to be carefully measured and implementation must be methodically planned and calculated. The reforms currently proposed are complex. We must not rush into reform because it has been our experience in Tennessee that it is extremely difficult to implement such broad-sweeping reforms in a short period of time. The haste to 'do something now' will inevitably cause more problems than solutions and create much anxiety among patients and providers alike, ultimately weakening support of, and the desire for, change.

We encourage health system reform alternatives that are consistent with principles of the American Medical Association, which are based on:

1. Universal access to our health care system, including requirements for all individuals to purchase affordable health insurance based on their ability to pay.
2. The reformation of our present health insurance industry to allow access to all patients regardless of preexisting condition and to require insurance companies to negotiate fairly with physicians.
3. The preservation of choice in health insurance plans for patients. We currently do not support a one-size fits all, single payer concept.
4. The freedom for patients to choose their own physicians and coverage plan.
5. The ability of physicians to continue to deliver the most appropriate care for each patient's best interests to maintain their health in a cost effective manner.
6. The desire to eliminate bureaucracy and mandates that tie the hands of physicians from effectively and efficiently caring for their patients.
7. Strategies to lower the cost of medical care through the use of technology, evidence-based best practice measures, and liability reforms.
8. Increasing the supply of physicians to give patients improved access to medical care.
9. The strengthening of patient-physician relationships through medical home programs.
10. Physicians' rights to remain autonomous in their medical decisions, plan participation, and to receive fair compensation.

# Critical Measures

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## **Insurance Modifications**

We support the maintenance of a robust, competitive insurance market that includes both public and private choices, but the shortcomings in our current health insurance market must be addressed.

- We support health insurance coverage of preexisting conditions with guaranteed issue in the context of an individual mandate.
- We believe all citizens should be required to have coverage based on their ability to pay for it.
- Administrative bureaucracy and burdensome mandates that rob our system of valuable financial and personnel resources needed to care for patients need to be identified and removed.
- We support efforts to level the contractual playing field between physicians and insurance plans.
- Physicians should not be mandated to participate in any program.
- Health insurance should be portable. If a patient has insurance through an employer and leaves the job, the insurance coverage should not be lost, just paid for differently.

## **Lowering the cost of health care**

Simply reducing payments for services is not the way to reduce overall cost because this will only exacerbate issues we already face with work force shortage, access to care and the overall quality of care.

- We support the establishment of evidence-based approaches to improve quality of care and lower costs, but physicians must retain the ability to ultimately do what is in the best interest of the patient.
- We support and encourage the immediate dialog on the financial, ethical and societal issues surrounding the end-of-life care.
- We need to attract more individuals to the medical profession by reducing the financial risks created by inconsistent state medical liability laws and add safe harbors for those who follow best practice guidelines, thus insulating physicians from jackpot juries. Specifically, we call for reasonable limits on non-economic awards proven to lower the cost of medical care and increase access to care.

## **Increasing Access to Care through Manpower Expansion**

Health manpower is a critical area that needs to be addressed in any reform plan.

- We call for a repeal of the current federal physician reimbursement model. The current sustainable growth rate formula is flawed and must be replaced with a fair and equitable fee structure that accounts for the actual costs of practicing medicine.
- We have to reduce non-medical functions that keep physicians and other health care professionals from doing what they are trained to do.
- We have to address the disincentives in our system that are discouraging our current medical students from going into primary care and steering potential physicians away from medicine altogether.
- We must ensure that we have an adequate educational (residency) infrastructure to accommodate a sizeable increase in future professionals to be trained.
- We advocate for medical student debt relief.

## **Protecting the Patient-Physician Relationship**

The key to good health is a trusting relationship between patients and their physicians that includes the freedom for patients to choose their own doctors.

- We believe that all patients should have a medical home to give patients a vital relationship with their own personal physician who will work with them to jointly assure their optimal health and wellness.

- We support the physician-led medical team approach to maximize the effectiveness and efficiency of patient care and improve outcomes for patients through collaboration among doctors and allied health care professionals.

### **Physicians' Rights**

Physicians should remain autonomous:

- in their abilities to choose to participate in health plans and programs;
- in their abilities to care for patients using their professional skills and knowledge to best care for each patient; and
- to be fairly compensated for services provided.

## **Significant Ancillary Provisions**

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### **Wellness, prevention and chronic disease management**

If we are to achieve the expected return on the investment in preventive, management and wellness measures, we need to make a true commitment to funding expanded efforts in wellness, prevention and chronic disease management. This will take new funds because we cannot simply take dollars from one sector of health care to fund another.

- We support substantial investments to expand resources for primary care physician medical services.
- We support plans to improve health and preventive care efforts by advocating for reduction in tobacco use, increased physical activity, proper diet and personal responsibility.
- We support public policy and legislative efforts where necessary to encourage personal responsibilities.

### **Health Information Technologies**

We believe improvement to patient care and efficiencies can be greatly enhanced by making proper use of today's health technologies.

- We support efforts to make real-time patient care information available at the point of care.
- There must be uniform standards to stimulate physicians to support and implement fully connected and interoperable health information technology exchanges.
- We support programs to incentivize physician adoption of HIT, [e-prescribing and use of electronic medical records (EMR)], given the high costs of adopting health information technology.
- Absolute security of patient health data is paramount. There must be uniform national standards for patient privacy safeguards, data accuracy, security and accessibility.

### **Quality Measurements**

We support evidence-based parameters to help improve patient care and achieve efficiencies, but such comparative data must not be used to penalize providers for their patients' refusal to comply with their health care plan.

- We must not create a system that in any way threatens access to care for sicker patients because physicians and other providers are concerned about their cost profile or rating.
- We oppose any evaluative or comparative programs based predominantly on claims data, void of clinical information. The production of clinical information must not be an administrative burden on medical practices because such burdens detract from efforts to take care of patients. We need to establish national standards for public release and accurate use of physician data, transparency requirements, review and appeal requirements, physician profiling requirements, quality measurement requirements and patient satisfaction measurement requirements.
- We support the work of the AMA Consortium to establish evidence-based guidance for quality improvement that must be incorporated into Medicare's Physicians Quality Reporting Initiative and any private sector efforts to evaluate and improve patient care.