

DALLAS COUNTY
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140

In this issue:

Business of Medicine

- *Medical Practice Trends*

Physician Spotlight

- *Thomas H. McConnell, MD*

The Op-ed They Wouldn't Publish

The following is an Op-ed piece that I wrote for *The Dallas Morning News* in August of 2009 while I was President of the Texas Chapter of the American College of Cardiology. As you all will remember at that time the debates swirling around health system reform were in full swing. Various models of health system delivery, alignments and realignments were being proposed, rejected and heatedly debated in Congress, in print and social media, and in the court of public opinion. The Patient Protection and Affordable Care Act (aka "Obamacare") had not emerged yet from either chamber of Congress, let alone been signed into law (March 23, 2010). As president of the Texas Chapter of the ACC, I tried to enter the cacophonous fray of the health system discourse and submitted this article. Alas, the powers-that-be chose not to run it.

I'm exercising my privilege as DCMS president to run it now because the US Supreme Court's deliberations concerning the constitutionality of Obamacare have thrown this issue back into the spotlight. The fate of the bill runs the gamut of possibilities, from full judicial affirmation to complete rejection of the entire bill, with every fragmented possibility in between. Congress may have to start anew the legislative process of health system reform. But no matter the outcome, at the most, we merely are at the end of the beginning of this journey of healthcare reform.

I wrote the piece from a cardiology perspective, but it reflects the pressures and obstacles that all physicians confront to varying degrees in the delivery of health care. The relentless reimbursement cuts and legislative prohibitions to continued physician ownership, both hospital and outpatient, significantly threaten our goal of timely access to quality, cost-effective care for our patients. It is timely to again contemplate the potential magnitude of change that is upon us, the legislative and regulatory processes that will drive these changes, and our desperate need as physicians to be at the forefront of these transformative processes.

There is a right way and a wrong way to reform our healthcare system. And although opinions differ on right and wrong, in the halls of government and at our nation's kitchen tables, one aspect of reform cannot be overlooked — doctors. Those we trust to treat us and our loved ones must be involved in the reform process because doctors live and work within the system every day.

The majority of US industries were founded by people who devoted their lives to their profession, not by politicians removed from the day-to-day realities. Who knows the daily hurdles that patients face better than those who face the obstacles with them? When physicians take ownership of patients and the system as a whole, real results are achieved. This reality is not reflected in the proposals before Congress or the administration.

Many specialties have proven that healthcare providers can implement the changes necessary to result in meaningful reforms. In my field of cardiology, the American College of Cardiology has led the development of comprehensive data registries and evidence-based guidelines designed to help healthcare providers deliver the right care at the right time. The ACC initiated quality-focused campaigns to reduce hospital readmissions, ensure appropriate medical imaging, and help hospitals treat heart attack patients in the guideline-recommended timeframe of 90 minutes or less. These benefits did not originate from politicians, hospitals or insurance companies, but from physicians.

From 1999 to 2006, the US heart attack survival rate improved by 29 percent. Much of that success can be attributed to advances in science and better coordination of care. Recently the Centers for Medicare & Medicaid Services released its nationwide hospital rankings based on risk-adjusted outcome and quality measures. Austin Heart Hospital, a physician-owned facility in Austin, ranked No. 1 nationally for lowest heart attack death rate. Additionally, Baylor Heart and Vascular Hospital in Dallas, a joint-venture physician-owned facility, was ranked No. 1 for the lowest 30-day heart failure readmission rate. Clearly hospital-physician partnerships make winners of the most important group in the healthcare equation: patients. A proposal to cut Medicare reimbursements to cardiologists by 25 percent to 40 percent and a prohibition on physician ownership could cripple these advances. These drastic cuts penalize professionals who are reviewing and improving their own performance. With 43 percent of general cardiologists over age 55 practicing in a specialty that is facing a workforce crisis, these cuts and impositions could dramatically reduce patient access to timely, quality cardiac care. Having health insurance coverage is not the same thing as being cared for, and access to a waiting list is not access to health care.

Focusing only on the cost of care and not on the quality of care and access to care is not the right way to reform. A cheaper healthcare system that does not take quality of care, positive patient outcomes and timely access into account is doomed to be an ineffective system that will cost more long term. Quality care is inherently cost-effective and efficient. The current proposal ignores the need to design and promote a national healthcare strategy focused on good outcomes and instead is a mosaic of healthcare ideas that promises to increase the cost-shifting that characterizes the current system. It will not improve quality and will not lower costs; in fact, it will inflate spending. Partnerships among patients, physicians, payers, hospitals, employers, Congress, the Obama administration, and professional medical societies are critical to enacting real reforms and expediting progress.

As a cardiologist, I am excited about the opportunities to focus on patient value and access to the right care at the right time. I hope Congress also recognizes these opportunities and will stop large-scale arbitrary cuts and prohibitions on physician ownership so we can continue to make great strides in how we treat patients with heart disease and other illnesses. DMJ



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