

Oral Remarks

State of the Nation's Health Care 2007 Lynne M. Kirk, MD, FACP President of the American College of Physicians

Thank you for coming to hear this report from America's internists on the State of the Nation's Health Care.

Today, we are releasing sweeping new policy recommendations to reform Medicare, Medicaid, S-CHIP and other programs supported by the federal government to advance patient-centered primary care. It is a model of health-care delivery that has been proven to result in better quality, more efficient use of resources, reduced utilization, and higher patient satisfaction.

I'm very pleased – as president of the American College of Physicians – to be representing some 120,000 internal medicine physicians and medical students from around the world. I am an internist with many years of experience. I have a good understanding of the way that most primary care doctors want to deliver care to their patients and what most patients want from their physicians.

The State of America's Health Care in 2007 is Inadequate

One of my responsibilities as President of ACP is to travel around the country to learn from my colleagues. Since taking office in April, it has become abundantly clear that the state of America's health care in 2007 is inadequate and that comprehensive reforms are needed in how medical care is organized, valued, financed and reimbursed.

Last year at this time we outlined what we saw as the collapse of primary care medicine in America. Today, we want to propose some solutions that have resulted from experience and careful study.

Our recommendations – which Mr. Doherty will discuss in more detail in a few minutes – are specific and detailed suggestions on revamping federal reimbursement policies. They are presented in a companion position paper, “A System in Need of Change: Restructuring Payment Policies to Support Patient-Centered Care.”

This position paper, which also is being released today, is the model that primary care providers and other physicians who provide principal care are trained and well-suited to deliver. It is a model that has been historically unrecognized or under-recognized by the payment system

The ways in which America's health care system are inadequate are enumerated in seven bullets in the State of the Nation's Health Care paper you received.

The Solution: A Patient-Centered Health Care System

The solution to such inadequacies is to redirect federal health care policy toward supporting patient-centered health care that builds upon the relationship between patients and their primary and principal care physicians and supports the systems needed to achieve better results. This would involve applying systems-based models that have been proven to work in other nations' health systems – adapting them to the unique circumstances and needs of the United States – and in successful patient-centered health programs within the U.S.

As you can see in the paper, there are many elements to a patient-centered health program. Probably the most over-arching is the first one listed:

A patient-centered health care system is one that provides continuous access to a personal primary or principal care physician who accepts responsibility for treating and managing care for the whole patient through an advanced medical home (also known as a patient-centered medical home).

A patient's relationship with their primary care physician is something that develops and continues over the course of years. You see your patients through major life changes as they both grow up and grow old.

You develop an understanding of your patients' medical histories. And, this understanding doesn't limit itself to just physical knowledge.

Many U.S. physicians already are providing some of the characteristics of patient-centered care, but few provide all of them. In comparison, many other industrialized countries have made a deliberate policy decision to build their health care systems around patient-centered care, and physicians in those countries are far more likely to report that they have all or most of the characteristics associated with patient-centered care.

A principal reason why the United States does not consistently deliver patient-centered care is that payment systems used by Medicare, Medicaid, and most private payers reward physicians for the volume of procedures generated and number of office visits performed, rather than for ongoing, continuous and longitudinal management of the patients' whole health, supported by systems-based practice improvements that lead to better results.

I have been greatly heartened by the support that has been expressed for patient-centered care by major employers, including IBM; health-care study organizations such as the Commonwealth Fund; and other medical groups, including the American Academy of Family Physicians and the American Association of Pediatrics.

ACP is encouraged by the announcements last week that several new coalitions of diverse stakeholders have been formed to propose solutions to the problems of the

uninsured. We are pleased to see that many of the ideas being proposed – such as expanding Medicaid and S-CHIP, providing tax credits for low-income persons to buy coverage, and providing federal funds for states that develop their own plans for universal coverage – are very similar to a comprehensive plan for expanding access that ACP developed several years ago and that was included in bipartisan legislation introduced in both the 108th and 109th Congresses.

Evidence that Patient-Centered Health Care Will Improve Quality and Lower Costs

There is substantial and growing evidence that a health care system built upon a foundation of patient-centered primary care will improve outcomes, result in more efficient use of resources, and accelerate systems-based improvements in physician practices.

An analysis by the Center for Evaluative Clinical Sciences at Dartmouth, showed that states that relied more on primary care have lower Medicare spending, lower resource inputs, lower utilization, and better care.

Another analysis found that when care is managed effectively in the ambulatory setting by primary care physicians, patients with chronic diseases like diabetes, congestive heart failure, and adult asthma have fewer complications, leading to fewer avoidable hospitalizations.

Patient-Centered Medical Care MUST be Available to All

I want to strongly emphasize one of ACP's very strong values ... By definition, a health care system that leaves out nearly 47 million Americans is NOT one that is centered on patient's needs. ALL Americans MUST have access to a health care system centered on their needs.

The nearly 47 million Americans who now lack health insurance coverage are much less likely to have a regular source of care, never mind having access to physician practices that are organized to provide patient-centered primary care. The College believes that immediate steps must be taken to expand health insurance coverage, with the goal of providing coverage to all Americans.

Proposals to expand health insurance coverage should also assure that patients have access to a core set of benefits that includes preventive and primary care services and other services associated with patient-centered care. In addition, proposals to expand coverage should provide funding and incentives to assure that all patients will have access to care through a patient-centered medical home.

Expanding health insurance coverage is essential. But it is equally essential that we reform the way that care is organized, financed and delivered in the United States. We must make sure that everyone has health insurance, but we also must assure that the

care they receive once insured is organized in a way that results in the best possible outcomes with the most efficient use of resources.

That is why the College today is proposing a different way of looking at the problems in U.S. health care, one that proposes action to reduce the numbers of uninsured AND re-organizes America's health system to deliver patient-centered care, a model that has been shown to result in better quality and lower costs of care.

Transformation of Health-Care Practices

Patient-centered primary care will also accelerate the transformation of physician practices by making the business case for physicians, including those in small practice settings, to acquire and implement health information technologies and other systems-based improvements that contribute to better outcomes.

A recent Commonwealth Fund study noted that, “With the right knowledge, tools, and practice environment, and in partnership with their patients, physicians would be well positioned to provide the services and care that their patients want and have the right to expect.”

I am pleased to introduce Bob Doherty, the senior vice president of ACP’s division of government affairs and public policy. He will explain ACP’s policy recommendations.