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FROM THE DESK OF THE PRESIDENT

On the Bridge to Health Care Reform

As the leaves begin to turn with the approaching autumn, so has the pendulum in the politics of health care reform. While it is quite possible that some form of legislation will have been finalized by the time this essay has been published, the energy and debate swirling around health care reform will be electric for months and even years to come.

My sense is that another opinion-editorial piece on the specifics of what has been a chameleonesque legislative proposal will not pique *SpineLine* readers' interests. It is important that our members understand the comments and concerns that we as a Society have presented to our government. We also have an opportunity to learn from the politics of the health care debate. As we develop consensus and initiatives within the constituencies of spine care, we can avoid the pitfalls that have divided other groups. We are truly on the bridge to health care reform, both at a national level, and within our spine care community as well.

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On July 15, the Democratic leaders of the three House committees with jurisdiction over health care issues presented HR 3200 to the public as the legislation that would finally bring health care reform into being. With pomp and confidence, the House leadership and the President assured all that this bill and its Senate counterpart would be enacted quickly. Both the American Medical Association and the American College of Surgeons endorsed this legislation with very little critique. Yet, as NASS and our colleagues in the Alliance of Specialty Medicine's health policy teams have read the fine print of this 1,800+ page bill, this plan's real implications gradually became apparent. Over the remainder of the summer and as Congress reconvened, the intensity of the public debate has increased to rival any that we have seen in generations.

On July 31, NASS delivered a letter voicing serious concerns with HR 3200 to Speaker Pelosi and the House leadership. The letter, which I'll briefly summarize here, may be viewed in full on the NASS Web site.

- We expressed our concerns about workforce issues. Cost–effective preventive and maintenance care is routinely provided by specialists in a number of different venues. NASS believes that continued reductions in specialist reimbursement will result in dramatic specialist workforce shortages reducing access to specialty care for Medicare beneficiaries and the population in general.

- We expressed our concerns about the plan's lack of proven medical liability reforms. Absent reform, widespread and deep defensive medicine practices will continue to add billions to the nation's health care costs. NASS is discouraged that HR 3200 fails to recognize the need to address our broken medical liability system as a strategy to achieve health system savings. NASS maintains that any serious effort at comprehensive health care reform must include medical liability reform.

- We addressed ongoing concerns over the sustainable growth rate formula and decreasing physician reimbursement. Given the deep reductions in specialty care reimbursement over many years, NASS does not support the further differential targets for primary and specialty care physician reimbursement update calculations. NASS believes that GDP does not accurately reflect the increasing costs of required medical practice expenses, and recommends that a new formula be based on the Medicare Economic Index (MEI).

- We addressed concern over a potential government monopoly of health insurance

otherwise known as the Public Plan Option. The evolution of a public plan needs to occur in a transparent and deliberate fashion with input from multiple stakeholders. NASS pointed out that innovation has been the driver of progress and excellence in American health care, and the reason patients from all over the world travel to the United States when they want the best health care. Further government intervention into our health coverage system could stifle innovation, progress and free enterprise. NASS feels that workforce issues for both primary and specialty care physicians must be addressed as part of the development of any public plan option. A public plan that does not account for adequate physician coverage of the insured group, or is not financially viable over the long term will ultimately increase costs for all and further reduce access for beneficiaries. Increase in the "insured" does not imply an increase in "access" to physicians. NASS opposes required mandatory participation of Medicare providers in any public health insurance plan.

■ While NASS supports the goal of improved quality through physician reporting of outcomes and comparative effectiveness research (CER), we expressed our concerns with elements of the proposed legislation. NASS appreciates the inclusion of changes to the Physician Quality Reporting Initiative (PQRI) that would allow physicians to access their data in a timely manner, provide them with a reasonable appeals process and ensure that PQRI is not punitive. NASS is pleased that HR 3200 includes language to expand CER. CER findings or recommendations should not be binding in terms of patient care, or intrude into the physician–patient relationship. In no way should findings or recommendations of a CER body be tied to reimbursement decisions.

As we stand on the bridge to health care reform, surrounded by explosives and explosions, let us in NASS and all of spine care resolve to get it right as we make changes on a smaller scale. Let us also be informed, wary and active participants in the broader health care reform debate so that we may help our society get it right.

■ NASS remains fully supportive of transparency and consistency in guidelines and interactions between physicians and industry. NASS supports the physician/industry relationship disclosure language included in HR 3200. While relationships between physicians and industry are an important component of advancing medical technologies and improving patient care, NASS believes that uniform procedures for transparent disclosure must be in place to minimize confusion and misrepresentation. Our concerns with laws that would interfere with or impair our educational mission and relationships were expressed. NASS is concerned with proposed restrictions on continuing medical education course funding, which already are managed for conflict of interest through the accreditation process overseen by the Accreditation Council for Continuing Medical Education.

■ Lastly, we voiced our serious concern with the language and implications of a Health Benefits Advisory Committee. The proposed Health Benefits Advisory Committee or Independent Medicare Advisory Council is composed with little to no physician input or oversight. Any such advisory body making decisions affecting patient care must include ample representation of physicians actively involved in patient care. This body is given extensive powers with little oversight. The determinations of any such body should be made after due consultation with various specialty organizations and physicians involved in patient care.

It became abundantly clear to NASS and to many stakeholders in health care that, while reforms are desperately needed, the proposed legislation could drive reform in the wrong direction. Improved access and quality, reduced cost, and balance between government and free market forces that promote innovation and improve outcomes are all at significant risk. With more public recognition of this legislative sleight of hand, and fueled by the energy of partisan politics, now any potentially valuable health care reform is at risk.

As the reagents start to boil out of control, what can we learn from this optimistic political experiment? As a multidisciplinary spine care community, NASS reflects society as a whole. If one group, with the arrogance of power, moves its own limited agenda without adequate deliberation, debate and consideration of its implications, the outcome will almost certainly be divisive. I have witnessed this divisiveness in my own community. Increasingly, this divisiveness is spilling onto the public and national stage. I am convinced that NASS and our collaborative spine care societies are susceptible as well.

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