



August 12, 2009

Dear Colleague,

Today, we find ourselves in the midst of a historical period, and we, as physicians, must fight for the rights of our patients and for full and effective health system reform. A full and successful reformation of our health care system will take time; it is unreasonable to believe that one proposal — HR 3200 — will fix all the problems. The resolution has positive elements, but we must not rush this process. We recognize the benefits of increased access plans such as universal coverage, but this proposed legislation does not take into account the necessary cost-containment elements. It is clear that to reform our system, we will need a process similar to the approach of the New Deal during the Great Depression.

Our current system is seriously flawed. Our patients' crushing premiums have skyrocketed while Physician reimbursement has dropped. The health insurance companies are taking advantage of our patients and us, and their regulation is imperative to a successful new system. Reform should focus on blocks of concern — insurance and Medicare reform, broadening health coverage, redirecting end-of-life monies, protection of high quality services, and increasing the physician population nationally.

Texas has attracted many physicians because of our victories with tort reform. Reduced malpractice lawsuits have led to a significant reduction in overhead costs for physicians. We no longer are forced to practice “defensive medicine,” and it plays a large role in reducing costs and strains to our system. This has led to an increase in the number of physicians practicing in Texas, which means increased access for patients; but we still need to do everything possible to increase the number of primary care physicians in our state. We support national tort reform but know it is critical that the federal government not preempt state limitations on settlements. This should be a key element to national system reform, but HR 3200 does not address this issue.

We do not need any more Band-aid fixes to Medicare reimbursement rates. Just recently, we dodged a 10% cut in rates, only to face a possible 20% cut in just five months. These cuts are caused by an inherently broken Sustainable Growth Rate (SGR) formula which ultimately limits many patients' access to care. In the proposed legislation before Congress, the SGR is not repealed and imposes considerable strains on many specialties, such as pediatricians and anesthesiologists. We support replacing the SGR with a formula that more accurately will forecast the costs of practicing medicine and adjust reimbursement accordingly. The Medical Economic Index (MEI) could solve the problem and break down these barriers to access for our patients.

We need to protect the quality of care for our patients while reducing costs. Shifting monies away from futile end-of-life care could offset some costs of increased coverage. We support care-filled, comfort-oriented palliative alternatives to make end-of-life care easier for our patients and their families. We also need to shift the paradigm in health care to emphasize wellness and preventive care. Incentives and rewards for Americans who participate in wellness programs should be implemented. Because physicians are held accountable for high quality care, we need legislation that supports physician-owned hospitals and care centers. Statistically, these facilities provide higher quality care with lower risk and better outcomes for our patients.

Dallas physicians continue to fight for our patients. Our patients trust us; let's not let them down. To reform our current health care system to the benefit of all, we will need the help of our patients. A combined and cohesive voice will play a key role in the success of our lobbying efforts. Talk to your patients and members of Congress. Stay involved. We appreciate your voice. For more information, or to contact your congressman, go to www.dallas-cms.org.

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