

Physicians must take leadership roles in development of access-to-care models

Ruben L. Velez, MD, was installed as the 135th DCMS president on Jan. 18 at Park City Club, Dallas.

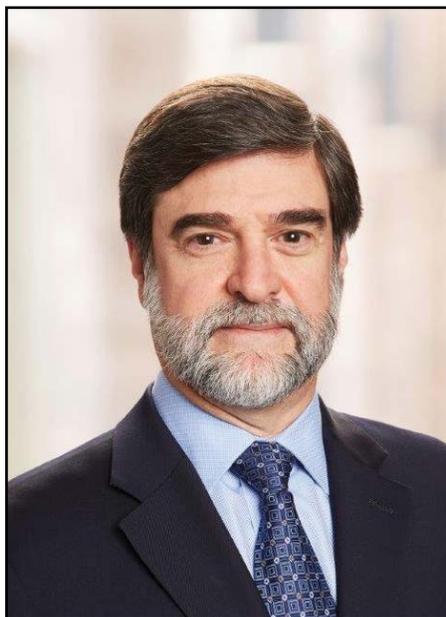
It is an honor to be the 135th president of the Dallas County Medical Society, the second-largest county medical society in the United States, with more than 7,700 members. It is always a challenge to review your life and truly understand how you got where you are. This is a humbling experience.

Being a person of few words and not politically savvy like many of you, I will refrain from politically charged comments which have become part of our daily lives. But I would like to address several issues that affect all of us.

2017 was a challenging year all over the world. In the United States, we were exposed to a number of natural catastrophes, and in Texas, the recent hurricanes and flooding touched the lives of millions of people. In addition, we had some man-made storms. Health care has been in the middle of some of the most interesting — but at the same time, extremely confusing — discussions. Our politicians have spent significant time focusing on ACA repeal-and-replace efforts. At the very end of 2017, we saw the elimination of the individual mandate under the Affordable Care Act.

Health care

Let's start with health care. Health care is a team sport. Like any team sport, everybody needs to play their positions



Ruben L. Velez, MD

and no one person is better than the team as a whole. The center of our team, as always, is the PATIENT. Health care continues to move in different directions. At times the system appears disorganized and fractionated. This fractionation in part is related to the many directions in which our healthcare system has been stretched and pulled.

We are living in the era of greater value and efficiency in the system — at least that is what we've been told. With this in mind, many projects have been tried to improve health care. Some have shown success, but many have not. Examples are ACO, ESCO, Clinically Integrated Networks, and other APMs.

But no new model will function well without good coordination among the

main players, and, in particular, without physicians involved in leadership roles. The Dallas County Medical Society understands this. DCMS works hard to anticipate the future, and works as a team to improve experiences of patients and physicians. As players on this team, we have a common goal — to improve health care for the patients. We must not destroy what has worked well, but build on it and help fix the parts that are broken.

Physicians cannot and should not do this alone. We are part of a bigger team. Major players here include hospital systems, physicians and the payers — particularly, the government. Physicians need to stay involved in leadership roles at every level: at the hospital, regional level, state level, and national level. Like a good orchestra, we all need to play our instruments well and in coordination to make beautiful music. We can make beautiful music if we stick together and work for common goals. Let us not forget that our patients need us and the healthcare system. So I encourage you to be part of this team. I will leave this topic with this African proverb: If you want to go quickly, go alone. If you want to go far, go together.

Access to care

One of the goals of the last four DCMS presidents has been patient access to care. Please add my name to this distinguished list. Texas leads the nation in the percentage of uninsured patients, and with the elimination of the individual mandate, we expect this problem to worsen in 2018. In addition,

An illustration of various African animals including a lion, a gazelle, a zebra, a giraffe, an elephant, a rhinoceros, and a meerkat, with birds flying in the background. The animals are rendered in shades of green, orange, and yellow.

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African proverb

the uncertainty of the future of the Children's Health Insurance Program, Medicaid and 1115 waiver negotiations complicates decision-making in the local healthcare market.

Under the leadership of DCMS and Dr. Jim Walton, Project Access Dallas functioned for 13 years, supporting many uninsured patients. It was an honor to work with Project Access. DCMS and Dr. Walton have created a model to continue our role as advocate for access to care for vulnerable patients — it is called the Dallas Choice Plan. Our job is difficult; there has been minimal movement on this project due to the uncertainty of the future. But DCMS leaders still believe this model would be another option in which physicians could serve the patients of Dallas and provide appropriate health care for low-income populations. Again, this is a team concept where we hope that all major hospitals in the area, together with Parkland, will support greater patient access to care.

Practice of medicine

The practice of medicine has been under attack for many years and from multiple directions. We face significant problems with recertification and the new requirements that have impacted all of medicine. Examples include HIPAA, MOC and MACRA/MIPS. Solo practitioners and small practices have had more problems in meeting all the required rules and regulations and reporting structures. This has been one reason for the consolidation of medical practices and has forced many physicians to consider becoming employees of a larger healthcare organization.

It is obvious that coordination of care is important, and we have moved to a new direction of value, but we cannot underestimate the importance of patient-physician relationships. This is an important relationship that has been damaged by the current environment of regulations and changes in the practice models. All of the new regulations and requirements should not damage these

sensitive patient-physician relationships. One of our immediate responsibilities as physician leaders is to educate the new generation of physicians. Our patients need us, and we can never forget this.

In closing, I want to say that we always should be grateful to the people in our lives, as we are products of their love and support. They have traveled our journey with us. I am very grateful to my wife, my children, my grandchildren, my mother and father, and the many patients I have had the honor to work with and be a part of their lives. They have made me a better person and made me always strive for improvement. I pray that I have also been an important influence in their lives.

I am also grateful to my wonderful work family at Dallas Nephrology Associates for the last 35 years, as well as the many wonderful mentors in my life, and the staff at the Dallas County Medical Society. **DMJ**