TEXPAC Membership
To Advocate for Physicians and Patients!

by Richard W. Snyder II, MD, TMA board member and DCMS past president

This is why I joined TEXPAC as a Patron level member — to advocate for physicians and patients. For years I have been very involved in medical advocacy and passionate (some may say "excessively so") about involvement in TEXPAC, the TMA political action committee. I have a good reason.

Patron members donate an initial $5,000 to TEXPAC and $2,500 each year thereafter.

Physicians have long been seen as advocates for their patients, but how does this translate into action? What does it mean to be an advocate? To quote the American College of Physicians' Ethics Manual, "Physicians have an opportunity and duty to advocate for the needs of individual patients as well as for society." This ideal is echoed in our DCMS mission statement, "to advocate for physicians and patients, to promote a healthy community…."

Gone are the days when the quality of care that we could provide to our patients was based solely on science and education. Many of our younger physician colleagues will find it hard to believe that there was a time when the diagnostic tests and therapies we offered our patients were not limited by reimbursement or regulatory factors. In that era, the physician-patient relationship was sacrosanct; there was no third party in the room. Tests were ordered, therapies were provided, and bills were paid by insurance without pre-authorization and with little regulatory oversight. There was no balance billing of patients because there was no balance.

Those days are over. We now have more diagnostic modalities and therapeutic options than we can afford. In 2014, the total healthcare bill in America was $3 trillion, more than the next 10 biggest spending nations combined. Annual spending on artificial hips and knees is about $17 billion. Our resources are finite, and the factors that determine the quality of health care that our patients receive progressively are not grounded in science and education, but by economics and politics.

This new reality literally is etched in stone. Carved on a granite wall at the entrance of my specialty society's headquarters in Washington, DC, is this: Quality care through science, education, and advocacy. Increasingly, the advocacy component is the most important piece. It is no accident that many national medical societies have relocated their headquarters to DC or that many state medical society offices (including the TMA) are found in their state capitals — the epicenters of politics as opposed to the epicenters of science.

The stakes could not be higher. The penultimate barrier to quality health care is access, especially in Texas, where typically 20 percent to 25 percent of residents have no health insurance. The Affordable Care Act, perhaps the most impactful document shaping the healthcare experience in our county is a political one, not a scientific one. Nowhere in the document were P values, confidence intervals or guidelines referenced. It merely is a broad federal legislative guideline forged in a swirling caldron of national politics. However, the vast majority of decisions about how the ACA reform was to manifest uniquely in each state were determined in the regulatory and legislative domains at the state and federal levels. We need to be at the legislative and regulatory table helping to shape healthcare delivery and quality. In Texas government, Health and Human Services is now the largest budget item that our legislators oversee at just over $70 billion, recently surpassing education. In the 2015 Texas legislative session, lawmakers considered more than 1,000 healthcare bills and resolutions representing 16.1 percent of the total (and this was a down year; typically it is 25 percent to 30 percent!). The legislative and regulatory barriers to quality care read like a laundry list of letter jumbles: SGR, PQRS, MIPS, QHP, TORT, MU, RACs, RUCs, ICD-10. Don't even get me started on Medicaid expansion and the 2 Midnight rule. There's no science here; only legislative and regulatory rules. Rationing rampant in American health care — it is just implicit and ineffective. Copays and deductibles are rationing mechanisms designed to limit the amount of health care we consume. This is why we physicians must get out of our comfort zones of science and education, and fulfill our duty as physician advocates for our patients.

"Above God and the Law"

Several years ago, national political consultant Frank Luntz polled Americans to learn which professions they considered the most credible. At the top by a significant margin were nurses and physicians. We were far above judges, politicians and even the clergy. We need to use that. He declared that we need to leverage this "coat of credibility" for the benefit of society. We have much more to offer than science and education. People want to know our opinions on a range of societal issues, especially healthcare reform. And they want us to fight for them. Society looks to us to lead, so let's lead!

When physicians work in legislative chambers, boardrooms and regulators' offices, we have as much impact on the health care our patients receive as we do when we practice medicine in exam rooms and operating suites.

In 2012 when about 68 freshman members of Congress were elected, I was one of eight physicians from across the country who delivered the New Member Healthcare Policy briefing. Everything went fine until the Q/A. The first two questions I was asked, were, "Doctor, can you go over again the differences between Medicare and Medicaid?" and "What does SGR stand for?" Are you kidding me? No wonder no one bothered to read the ACA before they voted on it.

The legislators desperately need and want our help in shaping healthcare reform. Most elected officials want to develop strong relationships with physicians in their districts. They want to have an expert they can call from the House floor when an important healthcare issue comes up for a vote. I've fielded such calls on several occasions.

The key to effective advocacy is forming relationships that bond, and those take time. We must get to know our legislators not only in the Capitol setting, but in their district offices, at fund raisers for them in our homes, and at "Take a Legislator on Rounds" events in our hospitals. They need our help in their campaigns, from making financial contributions to delivering campaign signs and encouraging support at the polls. The physician community must actively support candidates and legislators who carry our message of timely access to quality health care that fulfills the TMA's vision statement: "to improve the health of all Texans." And candidates and officeholders value more than your financial support; they also need your help block walking, hosting fundraisers, and manning a phone bank. In the last few months, I hosted three fund raisers in my home for candidates. The opportunity to listen to the legislators and have them hear our experiences in today's healthcare environment cannot be overstated.

We need to be as familiar with our legislators' Capitol and district offices as we are with our own hospitals, and know local state and federal legislators as well as we know our own patients.

This is why I am so passionate about TEXPAC and the Patron Club membership.

We must send to Austin and DC those who staunchly defend the physician-patient relationship. The end products of all the TMA councils and committees have little meaning if TEXPAC cannot translate those resolutions and recommendations through advocacy into legislative and regulatory action! This is a duty of all physicians — to be an advocate for our patients.

This is the one area where we physicians need to be much more like lawyers. Attorneys play a large role in the political process, almost as if it becomes a part of their genome when they complete law school. Lawyers of all specialties participate significantly in the political process and contribute to PACs. Your typical medical malpractice defense attorney dedicates from 2 percent to 10 percent of his or her take-home income to legislative and judicial candidate support. It is expensive to communicate our message of quality healthcare for all Texans, but imagine the impact TEXPAC and the TMA could have if all physicians dedicated just 1 percent of their practice income to medical advocacy! We would be unstoppable, and our patients would be the ultimate winners.

Through our support of TEXPAC and our role as advocates for our patients, timely access to quality cost-effective health care is within our reach, and our shared vision of a healthy community is in sight.

As clinicians we treat one patient at a time, but as physician advocates, we can help an entire state or country, all at once. **DMJ**

Follow Dr. Snyder on Twitter @ricksnydermd.

TEXPAC Membership Levels

TEXPAC annual memberships start at $99. Other membership levels are the $300 Club and the Capitol Club ($1000).

The Patron Level came to be in 2015 when physicians wanted to be more involved in the political process. Dr. Snyder was the first to join when he heard of the opportunity and paid for two memberships, one for him and one for his wife, Shelley Hall, MD. After he joined it was a domino effect and in the first days of its TEXMED inception, more than 20 physicians had joined. Now the Patron Club boasts more than 50 members and is growing.

DCMS Patron Members

Robert T. Gunby Jr., MD, and Elizabeth Gunby

Lee Ann Pearse, MD, and Einar Vagnes

Richard W. Snyder II, MD, and Shelley Hall, MD

TEXPAC Patron Club members Drs. Robert T. Gunby Jr. and Richard W. Snyder II show off their Patron Club pins.