Congress Goes Beyond Hill for Health Care Rx

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Washington — Sen. Ron Wyden (D-Ore.) says the answer to America's health care problem does not lie with Congress—at least, not initially.

"I spent 2 years studying what went wrong in the Clinton debacle," he said at a meeting sponsored by America's Health Insurance Plans.

Sen. Wyden was referring to the unsuccessful effort of President Bill Clinton and his wife, now-Sen. Hillary Rodham Clinton (D-N.Y.) to get Congress to pass health care reform in the 1990s.

The Oregon Democrat also took a look at a similar effort in the 1940s by President Harry S Truman.

Sen. Wyden's conclusion: "There is a remarkable parallel in 60 years of failure. ... For 6 decades, the effort has involved trying to write a piece of federal legislation in Washington, D.C. [But] the special interests would attack the legislation and each other, and everything would fail."

Instead, "I decided to go 180 degrees the other way," he said. "We'll start it outside [Washington]."

A few months ago, Sen. Wyden, along with Sen. Orrin Hatch (R-Utah) and Comptroller General David Walker, announced the formation of the Citizens' Working Group on Health Care.

The group is made up of 14 people from across the country, including physicians, health advocates, hospital administrators, academicians, nurses, and a union repre-

sentative. Health and Human Services Secretary Mike Leavitt will serve as the 15th member.

The group is one result of a new law known as the Health Care That Works for All Americans Act, which was cosponsored by the two senators.

One goal of the working group, according to Sen. Wyden, is "tell people where the \$1.8 trillion spent on health care actually goes. ... I think people will be pretty surprised."

The information will be made available online as well as in booklets and in public libraries.

Another goal of the working group is to hold public hearings in an effort to get input on what should be done to reform the health care system.

"No one has walked the public through the choices and tradeoffs that come with a health care system that works for everybody," he said.

"We're now going to have a real debate about how we create a system that works for everybody."

After publishing the spending information and listening to public comment, the plan is for the working group to develop a set of tentative recommendations on a system that works for all Americans, Sen. Wyden said.

"When they have the tentative set of

recommendations, they go back to the public again for another crack, so people will get to weigh in twice," Sen. Wyden said

Then the recommendations will go to Congress, and all committees with jurisdiction over health care will have to hold hearings within 60 days of receiving the recommendations.

Although there is no mandate for Congress to take any further action on the recommendations once it has held hearings,

"you will have a citizens' road map of where the country feels we ought to be headed in health care, and if at that point the congressional committees decide they want to ignore what the citizens have to say, then it will be really clear

who they're siding with—powerful Washington interests rather than the citizens," he said.

Sen. Wyden gave a specific example of the type of issue he hopes the working group will address.

"We know that a big chunk of the health care dollar gets spent in the last few months of someone's life.

"And we know in many of those instances, the best doctors and hospitals can't do anything to increase the quality of the person's life, and they can't do anything that's medically effective," he said.

"So the question for the country that the political leaders have been ducking—and that they aren't going to be able to duck any longer—is, in those kinds of instances, do we want to start spending more money on hospice and in-home services and less on expensive treatments and interventions, and use the savings for children, pregnant moms, and people who've fallen through the cracks in the system?

"It's a difficult conversation to have, but this is the kind of issue that we've got to have a discussion about."

Even the semantics surrounding those issues are difficult to deal with, Sen. Wyden noted.

For example, Sen. Wyden said it took him 3 months to negotiate the title of this bill.

"When we started, the Democrats wanted the words 'universal coverage,' but the Republicans said, 'We're not going there: that's socialism.'

"The Republicans wanted to call it universal access, but the Democrats said, 'We're not going there; no one will ever get anything,' "Sen. Wyden said.

Finally, the senator came up with the current title, which "the Democrats think sounds a little universal and the Republicans say has enough flexibility.

"Before anybody could change their minds I made them sign the press release and that was it."

For more information on the working group, go to www.gao.gov/special.pubs/citizenshealthpr0228.pdf.

Psychiatry Shortage Looms

become acute.'

Demand from page 1

are more than 1,000 federally designated Health Professional Shortage Areas for psychiatry in the United States—meaning that more than 62 million patients may not be getting the psychiatric services they need. In addition, more psychiatrists are reaching retirement age; about 30% of all physicians are 55 or older, and

46% of psychiatrists are in that age group, Mr. Merritt said.

Some statesupported institutions, such as correctional facilities, have virtually given up on recruiting permanent psychiatrists and

rely instead on locum tenens physicians to fill gaps in staff, he said. "We project that psychiatrists will become increasingly difficult to recruit and that the need for additional psychiatrists will become acute in the next 5-10 years."

"It's hard to know what the results of a search firm may mean,"

said Sidney Weissman, M.D., professor of psychiatry and director of psychiatry residency training at Northwestern University in Chicago. But he suspects that a shortage may in fact exist in certain markets.

"What these results highlight is a shortage—particularly in child and general psychiatry in less-

populated ar-'We project that eas," he said. Most psychiapsychiatrists will trists want to become increasingly stay in urban ardifficult to recruit eas, because that's where the and that the need for residencies. additional contacts, and jobs are located, psychiatrists will he observed.

have a shortage, it is critical for psychiatrists to work with primary care doctors to ensure a competent, medically trained corps of providers who can deal with psychiatric medications," he said.

"Because we

In results for other specialties, MHA reported that many health care employers are turning their attention back to primary care.

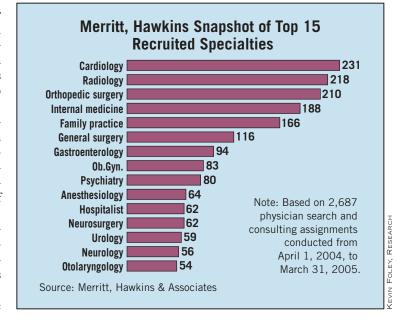
The number of searches for general internists increased from 124 in 2003-2004 to 188 in 2004-2005, after a significant decline in the early 2000s, when searches dropped from 152 in 2001-2002 to 113 in 2002-2003.

The renewed interest in internal medicine can be attributed in part to the enhanced need for internists among a growing population of elderly patients, according to the firm's analysis of the findings.

Some health care providers unable to recruit a sufficient number of internal medicine subspecialists turn to general internists to address their needs.

In family medicine, a notable change took place in the last 2 years: MHA reported that searches increased from 122 in 2002-2003 to 166 in 2004-2005—a promising rebound, considering that recruiting searches for the specialty fell from 694 in 1996-1997 to 122 in 2002-2004, according to the report. Pediatrics dropped out of the top 15 search assignments for the first time since the firm began compiling data.

"Pediatrics has been going down for a number of years, as the birth rates have been declining and the number of people going into pediatrics has increased,"



said Phil Miller, who is MHA's director of communications. "Finding pediatricians is not that difficult."

Falling birthrates in many areas may also explain the dwindling demand for ob.gyns., whose recruitment searches fell from 112 in 2001-2002 to 83 in 2004-2005, the study indicated. While anesthesiology also showed declines in this year's review, cardiology, radiology, and orthopedic surgery maintained a 5-year run as the top three recruited specialties.

Neurosurgery is another spe-

cialty that's becoming increasingly difficult to recruit, placing it on the top-15 list for the first time in 2005. That is because the supply of neurosurgeons has traditionally been limited, while population growth is fueling demand, according to the firm's analysis. From 2003 to 2005, the number of searches for neurosurgery increased from 52 to 62.

Hospitalists also made the top 15, but the number of searches for that specialty actually fell, from 82 in 2003-2004 to 62 in 2004-2005.