

Physicians, Lawmakers Ponder the Uninsured

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WASHINGTON — Physicians are increasingly willing to cross party lines on the issue of the uninsured, but convincing lawmakers may be their biggest hurdle.

It's in physicians' best interest to be involved in the debate over health care reform, Rep. Tom Price (R-Ga.), also an orthopedic surgeon, said at a national advocacy conference sponsored by the American Medical Association.

"What do you think is holding the current health care system together?" Dr. Price asked the audience. "You. It's the altruism of the physicians of this nation. That's what is holding this system together. It's the only thing holding it together."

The conference brought physicians together with members of Congress from both parties to talk about the uninsured and other issues. Lawmakers encouraged physicians to participate in finding solutions. "I am glad to be able to hear what Democrats and Republicans have to say," said Dr. Charles Anderson, an internist in group practice in Naples, Fla. "We're not going to get anything done if we can't get some kind of consensus."

The need to come together to deal with this problem seems to be welling up within organized medicine, said Dr. Jack Lewin, CEO and executive vice president of the California Medical Association. "The profession needs a focused and shared vision of what should be done about the uninsured."

There is also increasing pressure from younger members of the AMA, especially those in the organization's student and residency sections, to place more emphasis on the uninsured, meeting attendees said.

While the uninsured has been a top priority for primary care groups such as the American Academy of Family Physicians, the American College of Physicians, and American Academy of Pediatrics for some time, the AMA has focused much of its considerable lobbying clout on fixing Medicare's sustained growth rate-based reimbursement formula and capping noneconomic damages in medical malpractice cases. To date, the uninsured problem has ranked a distant third.

These priorities are still the primary pocketbook issues for private practice physicians. Doctors' offices, which operate no differently than many small businesses, are having difficulty keeping their doors open, and are increasingly squeezed by rising overhead and diminishing reimbursement, said attendees.

As physicians' profit margins have fallen, so has their ability to shift the cost of caring for the uninsured, which is why many don't see the uninsured as a separate issue from Medicare reimbursement and

liability insurance premiums, said Dr. Anderson. That perspective may not win over politicians, advised Dr. Price.

"Always talk about the patient, even when you are talking about medical liability reform. I know it's tempting to say that your medical liability premiums have skyrocketed, but I promise you not a member of Congress gives a hoot, not one of them. But they do care that you can't see patients because of that and that your patients can't see specialists because of that," he said.

However, he and other lawmakers at the conference were not able to provide physicians with much hope that anything substantial will get done on any of these issues this year.

"The remarkable partisanship in which we currently find ourselves is absolutely stifling," he said.

That partisanship has made it difficult to move on any comprehensive proposals for dealing with the uninsured problem and was on display at the conference.

"When the Republicans ask people to put some skin in the game by encouraging high deductible plans linked with [health savings accounts] what they are really doing is extracting a pound of flesh from the poor and the sick, which will eventually

cost us more and leave our nation sicker than it was before," said Rep. Edward Markey (D-Mass.).

Dr. Price, who served four terms in the Georgia state senate, remarked that the worst day in the state legislature is like the best day in Congress. And it is to the states that physicians may have to look for more immediate solutions.

Reform will ultimately trickle up from states such as Maine, which is in the process of implementing a novel public-private partnership that promises to provide access to health insurance for all of the state's 130,000 uninsured by 2009.

"It's wonderful to be a member of Congress and talk about the issues of the day. But I do think it's important at the end of the day to get something done. My experience has been that people want solutions. They want real answers. They're not looking for 30-second sound bites," Gov. John Baldacci, D-Maine, said at the meeting. The state's approach, DirigoChoice, was named after the state motto, which is Latin for "We lead." It was the culmination of a sweeping discussion including physicians and other stakeholders, he said.

"It wasn't done behind closed doors. It was done out in front of everybody. ... If they were going to buy into it, they needed to have some ownership in the process itself," said Gov. Baldacci.

Physicians need to play a more central role in reforming the health care system to provide access to more people, said Dr. Lewin. "Either we just sit and wait for a single payer system, or we propose something better," he warned. ■

POLICY & PRACTICE

Underage Drinking

Underage alcohol use was up in California and Wisconsin in 2003-2004, compared with a year earlier, but down in Michigan and South Carolina, according to a new report from the Substance Abuse and Mental Health Services Administration. The survey found that the percentage of 12- to 20-year-olds using alcohol within the past month increased from 24.7% to 26.3% in California, and from 34.7% to 38.3% in Wisconsin. On the other hand, the rate of underage drinking decreased in Michigan, from 31.8% to 30.2%, and in South Carolina, from 27.3% to 24.1%. "While we are making progress on drug and tobacco use among youth, underage drinking continues as a stubbornly persistent problem," said SAMHSA Administrator Charles Curie. "It's time to change attitudes toward teen drinking from acceptance to abstinence." Eight states were in the top fifth for both underage use of alcohol and underage binge use of alcohol: Iowa, Massachusetts, Montana, New Hampshire, North Dakota, Rhode Island, South Dakota, and Wisconsin.

ADHD Drugs Prescribed Too Often?

Nearly two-thirds (61%) of adults think that drugs are prescribed too often to treat children under age 13 with attention-deficit hyperactivity disorder, according to a poll of 2,200 adults by Wall Street Journal Online/Harris Interactive. Only 2% said the drugs were not prescribed often enough, while 7% said they were prescribed as often as they should be, and 30% were not sure. In addition, 68% of respondents agreed that stronger warnings should be required on the drugs' labels; 6% disagreed. Respondents were slightly less concerned about ADHD drugs being prescribed to teens; 51% thought they were prescribed too often while 4% said they weren't prescribed often enough. "This [poll] suggests that the public would rather see the FDA err on the side of caution when it comes to labeling for prescription drugs," said Katherine Binns, senior vice president of Harris Interactive.

FDA Names Drug Safety Spokesman

The Food and Drug Administration has appointed Dr. Paul Seligman as associate center director for safety policy and communication in the agency's Center for Drug Evaluation and Research (CDER). In this position, Dr. Seligman will coordinate drug safety policy and risk communications, according to CDER director Dr. Steven Galson. "We anticipate that this step will help to provide a more standardized and predictable approach to ensuring drug safety and enhance the effectiveness and timeliness of the information we provide to the health care community and the public." But Dr. Sidney Wolfe, director of Public Citizen's Health Research Group, said the appointment was just more window dressing. "It's very parallel to the way in which they originally dealt with this problem of poor decision making as far as drug

safety," he said in an interview. When Congress was considering legislation to separate the Office of Drug Safety from CDER, the FDA responded with a safety advisory board—but one that was made up largely of agency employees. Now, in the case of Dr. Seligman, "he will be reporting directly to Dr. Galson and will lack the independence necessary to free up the Office of Drug Safety from its second-class position in FDA," Dr. Wolfe said. At a telephone press conference, Dr. Seligman said that although he still works for FDA, "there are many important policy questions that go well beyond the FDA" when it comes to deciding whether to change drug labeling or pull a drug from the market.

Part D Costs Up for 2007

The Centers for Medicare and Medicaid Services reports that Medicare recipients enrolled in Part D drug coverage will be paying 7% more for their benefits in 2007. Deductibles will rise from the current \$250 to \$265; Medicare will stop coverage when the program has paid out \$2,400 (up from \$2,250), and will resume when the beneficiary has incurred \$3,850 in medication costs (up from \$3,600). This is the so-called "doughnut hole." Putting a positive spin on the increase, a spokesperson from the CMS Office of the Actuary said in a statement that "the actuarial value of the drug benefit increases along with any increase in drug expenses, and the standard Part D benefit continues to cover a constant share of drug expenses from year to year."

Report Critical of HRSA

The Health Resources and Services Administration needs to do a better job of making health workforce projections, according to a report from the Government Accountability Office. "Although HRSA is responsible for providing health professions workforce information to policymakers, HRSA has in the past decade published national supply and demand projections for the nurse and pharmacist workforces but no national projections for the physician and dentist workforces," the GAO said in its report. HRSA should "develop a strategy and time frames to regularly update and publish national health professions workforce projections." In response, HRSA noted that the GAO mainly focused its criticisms on publications from the agency's National Center for Workforce Information and Analysis and did not include "the considerable body of work produced by the regional workforce centers that receive ... funding from HRSA." The agency stated "that the legislated goal of providing 'health workforce information and analysis, ... such as shortages of registered nurses, shortages of pharmacists, and the distribution of health care workers in underserved areas,' is broader than what GAO's exclusive focus on supply and demand projections for physicians, nurses, and dentists would allow."

—Joyce Frieden