

Rhode Island Medical Society Council

Meeting of Monday, August 17, 2009

Meeting Highlights

U.S. Senator Sheldon Whitehouse addressed the Council at length on the topic of national health system reform.

He expressed confidence that President Obama will sign “significant” and “good” health system reform legislation before the end of this calendar year. His confidence is based on his perception that “much agreement” and “enough good will and good sense” prevail in Congress regarding what needs to be done, along with a shared recognition that the nation faces financial ruin if it does not reform the health care system.

He cited a current unfunded Medicare liability of \$38 trillion, the prospect that the nation’s foreign creditors may eventually balk, and the disproportionate burden that health care expenses impose upon American industries’ ability to compete in world markets, the U.S. auto industry being one example. He stated that a family plan in Rhode Island will cost \$26,000 by 2016 if current trends continue.

Senator Whitehouse asserted that the nation has a choice between “two toolboxes” to fix these problems.

One “toolbox” includes health care payment reform (e.g., Accountable Health Care Organizations, the Patient-Centered Medical Home); prevention; transparency (with quality and outcome measures); Health Information Technology; new ground rules for insurance companies (no denials of coverage for pre-existing conditions, no lifetime caps, community rating, etc.); and universal coverage.

The other “tool box” contains cuts in benefits for patients, reduced payments to providers, and higher taxes for all.

One area of broad agreement in Congress, he asserted, is the goal of coverage for all. He stated that proposals currently under development in Congress would assure coverage for 96% to 97% of the population. He conceded that the “public option” (which he favors) “is in a lot of trouble right now.”

The need for **medical professional liability reform** was a recurring theme of comments and questions from the Council. Physicians expressed incredulity and dismay that liability reform is receiving so little attention in Congress, despite the fact that such reform would appear to be a meaningful and relatively simple way to help control costs, promote quality and assure access.

Asked why Congress devotes so little attention or imagination to liability reform, Senator Whitehouse cited two reasons:

First, he said, the proponents of liability reform generally lead with the idea of capping damage awards, which is a “non-starter” in Congress. Senator Whitehouse expressed his personal opposition to caps, saying that he considers caps to be inherently inequitable for injured patients. The Senator appeared to imply that advocacy for caps tends to undercut serious discussion of alternative approaches to liability reform in Congress, or that reform advocates fail to advance creative alternatives other than caps. Senator Whitehouse acknowledged that liability is a legitimate concern and expressed receptivity to the idea

of creating “safe harbors” for physicians who can document that they met the standard of care.

The second reason Congress gives liability scant attention, according to Senator Whitehouse, is that the Congressional Budget Office has informed Congress that it cannot quantify the financial savings that liability reform might yield for the health care system.

Senator Whitehouse asserted that realities of medical economics unfortunately inhibit investment that would save money and improve care. For example, when doctors and hospitals risk capital to acquire health information technology, the return on their investment accrues disproportionately to payers, including government.

Regional parity Senator Whitehouse volunteered that he and Senator Reed are “keenly aware” of the “payment anomaly” that places doctors and patients in Rhode Island at a persistent, irrational and unfair disadvantage compared with their regional peers. He said that he continues to look for “specific adjustments” that could be made and for opportunities to apply the coming payment reforms so as to erase these discrepancies for Rhode Island doctors.

Other topics brought up by the Council included patient responsibility and the role of the health care system as an engine of American prosperity.

Senator Whitehouse encouraged physicians to share their thoughts and suggestions with his office.

He closed by reading words of Dr. Siedlecki as she is quoted by columnist Edward Fitzpatrick in the August 16, 2009, edition of the *Providence Journal*. (The full article was distributed to the Council by RIMS staff as a handout before the start of the meeting.)

In other matters, the Council:

- heard an update on the Medical Society’s lawsuit to nullify the state’s provider taxes.
- heard an update on the new loan repayment program for primary care physicians being launched soon by RIMS in cooperation with BCBSRI, the Rhode Island Foundation and the RI Student Loan Authority.
- endorsed a letter to the Dean of the URI College of Pharmacy advocating the creation of a training program for Physician Assistants at URI.
- amended the RIMS Bylaws to extend full voting rights to the Physician Assistant member of the Council.
- received reports from the Chair of the Public Laws Committee, the Treasurer, and the Director of Government Relations and Public Affairs.
- heard from Dr. Damle (RIMS Vice President and ACP Governor) of plans for a RI “summit” on the Patient-Centered Medical Home scheduled for November 21, 2009.
- thanked Dr. Siedlecki by acclamation for her service as President.