

ACP AMERICAN COLLEGE OF PHYSICIANS

INTERNAL MEDICINE | *Doctors for Adults*

The State of the Nation's Health Care

The American College of Physicians Division of Government Affairs and Public Policy

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A recent report on the State of the Nation's Health Care by the American College of Physicians (ACP) concluded that progress is waning on improving access to health care in the United States. ACP is the nation's largest medical specialty society and second-largest physician organization in the United States, representing over 115,000 doctors of internal medicine and medical students. For the past three years, the College has released an analysis of the state of the nation's health care.

In the past twelve months, progress has been made in improving Medicare benefits for prescription drugs and preventive services, easing some red tape, and temporarily stabilizing Medicare physician reimbursement. However, by other critical measures, the state of the nation's health care has declined. More Americans lack health insurance coverage. Out-of-pocket expenses are increasing. Millions of low-income working Americans no longer can count on the safety net offered by Medicaid and the S-CHIP program. Medical liability costs continue to escalate, creating access problems in many states and physician specialties. The cumulative paperwork burden—which diverts valuable physician time from patient care to filling out forms—continues to inundate physician offices. Fewer physicians are going into internal medicine and other primary care specialties, at a time when the demographics of an aging population with more chronic diseases will require a sufficient number of internists to manage their care.

Piecemeal approaches to these problems are not sufficient. The College believes that it is imperative that Congress and President Bush commit to a

comprehensive policy framework to provide health insurance coverage for all lower-income Americans, as a first step toward providing coverage for all. ACP further recommends decreasing the amount of time required by physicians in filling out unnecessary forms and other administrative requirements; overcoming the practical barriers to the use of health information technology to improve patient care, and providing an environment that is supportive of physicians who decide to train and practice in general internal medicine and other primary care specialties.

ACP proposes a new federal health policy framework to improve health care through better health insurance coverage, less red tape, use of health information technology, and policies to assure adequate access to primary care physicians.

ACP's Policy Prescriptions

1. President Bush and Congress should agree to enact legislation consistent with an initial goal of assuring that all Americans with incomes up to 150% of the federal poverty level have access to affordable coverage no later than January 1, 2007. To achieve this goal, Congress should:
 - Provide states with new options and guaranteed federal funding to make existing safety net programs more effective.
 - Provide tax relief subsidies and purchasing arrangements to enable eligible individuals and families to obtain group or individual health insurance coverage.

The above proposed reforms are among the bipartisan provisions included in the Health Coverage, Affordability, Responsibility and Equity Act of 2003, S. 1030/H.R. 2402, which is based in large part on an ACP proposal to provide all Americans with access to affordable health insurance coverage by the end of the decade.ⁱ The additional reforms proposed in the HealthCARE Act of 2003 would gradually expand coverage to the remaining uninsured, so that all Americans would have access to affordable health coverage within seven years.

2. Congress, the administration, and health insurers should institute reforms to drastically reduce the time that physicians now spend on completing paperwork for third party payers, with the goal of reducing, by half, the average amount of time that physicians spend on paperwork, as of January 1, 2007.

Inadequate time with patients can result in lower quality medical care. Reduced time with the patient is important both because of the practical limits it places on what can be accomplished during and outside the encounter, and for the changes that time pressure create in the climate between physician and patient. Time pressure may cause the physician to overlook or pay insufficient attention to the patient's psychosocial concerns possibly making the patient feel that the physician is not sufficiently caring. Time pressure can also adversely influence communication between physician and patient, if the physician talks more, talks more rapidly, listens less patiently, or in general interacts less collaboratively.ⁱⁱ

3. Congress and the administration should provide the resources and support needed to encourage the transition from paper-based health care systems to affordable patient- and physician-friendly computer-based systems.

Electronic health records, computer provider-order entry systems, e-prescribing, patient registries, and other information technology offer the potential of facilitating physician decision-making and patient access to medical information, and improving and streamlining communication of medical information across communities.^{iii, iv} Multiple federal agencies are involved in developing policies to create and support application of health information technology. However, the College believes that the federal government's efforts must be more clearly focused on *addressing the practical barriers to*

acquisition of information technology at the health care practitioner level.

4. The administration and Congress should develop and implement policies to address the need for an adequate supply of physicians in the primary care specialties of internal medicine, family practice, obstetrics/gynecology and pediatrics, with particular attention to assuring that there are enough internists to take care of an aging population with more chronic disease.

Such policies should include measures to reduce medical student debt, improve existing programs to finance the training of primary care physicians linked to service obligations, and allow for innovation in the way that services are reimbursed to recognize the value of care coordination by primary care physicians. Without these policies, an inadequate supply of primary care physicians will further diminish, worsening the problems surrounding the nation's health care. It is only with a steady supply of primary care physicians that real solutions can be found for addressing America's medical needs both now and in the future.

To share your comments on this issue brief or to obtain the full report, please contact ACP's Division of Governmental Affairs and Public Policy, 1-800-338-2746 ext. 4558, 202-261-4558 or email rchichester@acponline.org. Or visit <http://www.acponline.org/hpp/opportunities.pdf>. Also for more information on ACP's policies, please visit <http://www.acponline.org/advocacy>.

ⁱ American College of Physicians – American Society of Internal Medicine. Achieving Affordable Health Insurance Coverage for All Within Seven Years, A Proposal from America's Internists. Philadelphia: American College of Physicians – American Society of Internal Medicine; 2002: Position Paper. (Available from American College of Physicians – American Society of Internal Medicine, 190 N. Independence Mall West, Philadelphia, PA 19106)

ⁱⁱ American College of Physicians. Ethics and Time, Time Perception, and the Physician Patient Relationship. Philadelphia: American College of Physicians; 2003: Position Paper.

ⁱⁱⁱ General Accounting Office. Information Technology, Benefits Realized for Selected Health Functions. October 2003.

^{iv} Blumenthal. How Information Technology Can Improve Health Care Quality: Core Lessons. Alliance for Health Reform/Commonwealth Fund Roundtable. November 14, 2003.