



## State of the Nation's Health Care 2013

### A Two-pronged Strategy to Improve American Health Care: *Make the Health System More Effective* **AND** *Remove Barriers to the Patient-Physician Relationship*

#### Oral Remarks

**David L. Bronson, MD, FACP**  
President  
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Good afternoon...

Thank you for joining us for this report from the American College of Physicians on the state of the nation's health care.

I'm David Bronson— president of the College – and I'm pleased to be here today representing 133,000 internal medicine physicians and medical student members. Our members are physician specialists uniquely trained to apply scientific knowledge to care of adults across the spectrum from health to complex illness.

Here, in Cleveland, Ohio I regularly see patients as a professor of medicine at the Lerner College of Medicine of Case Western Reserve University. I am also the president of the Cleveland Clinic Regional Hospitals. I wish to thank my colleagues here at the Cleveland Clinic for allowing us to use their facilities for today's briefing.

I am pleased to share ACP's recommendations for a two-pronged strategy to:

- ***Make the Health System More Effective***
- AND**
- ***Remove Barriers to the Patient-Physician Relationship***

ACP's report starts with an assessment of the state of U.S. health care. Borrowing from the Charles Dickens classic tale of two cities, we find that healthcare today is in the paradoxical situation of *in some ways being in the best of times, and in other ways, the worst of times, when it comes to patients getting access to affordable care.*

First the good news. In a little over ten months, the Affordable Care Act will begin to make affordable coverage available to nearly all legal U.S. residents—for the first time in our history.

Already, tens of millions of persons are benefiting from the changes made by the law, including seniors who are paying less for preventive services and prescription drugs, young adults who can stay on their parents' plans, and children who can't be denied coverage based on pre-existing conditions.

Beginning in 2014, many millions more will have access to affordable health insurance coverage either from subsidized coverage offered by health exchanges (marketplaces) run by their states or the federal government, or from Medicaid. Also, insurers will be required to provide a defined level of essential benefits, will not be allowed to impose annual limits on benefits, and not be allowed to turn down or over-charge adults with pre-existing conditions.

And there is more good news to report—health care cost increases have slowed dramatically. In fact, cost increases over the past three years have been the smallest in over 50 years. If this slowdown can be sustained, it will mean lower federal budget deficits, and less public debt. It will mean that families and employers will be less likely to be priced out of good healthcare. It will also mean a reduced burden on state health care budgets.

This doesn't mean we are out of the woods, of course—the United States still spends far more on health care than other countries with equal or better outcomes, and we still have the challenge of an aging population needing more health care services. But no matter how you look at it, the cost slowdown is good news. Now, it is up to all of us, and especially physicians to drive down costs even more—such as by making a more concerted effort to stop recommending treatments that are wasteful, ineffective and even harmful to patients.

Yet, for all of the good there is to report, there is another side of the story. Millions of our poorest patients may be left behind from getting coverage by states that have declined to accept federal dollars to expand Medicaid. Physicians need to be *their* advocates, *their* voices, by telling our state elected officials that expanding Medicaid is the right thing to do, morally, ethically, medically, and economically. I am pleased that the governor of my own state of Ohio, Governor Kasich, a Republican, supports the Medicaid expansion.

ACP is also very concerned that in just nine days from now, across-the-board federal funding cuts—called sequestration—will be imposed on programs that are essential to protecting public health and safety. Our report documents the devastating impact such cuts will have on healthcare. Research to prevent and cure diseases like cancer will be slowed. Fewer primary care physicians will be trained. Our food and drugs will be less safe. Medicare patients will have a harder time getting the care they need. Jobs will be lost.

Congress needs to act in time to stop the sequestration cuts, and replace them a balanced approach that includes responsible ways to reduce spending.

It also is essential that Congress fix Medicare's broken physician payment system. More than a decade of annual scheduled cuts from the SGR is endangering access and stifling innovation.

Fundamental reform of the Medicare payment system is long overdue, including repeal of Medicare's Sustainable Growth Rate (SGR) formula. The Congressional Budget Office has just issued a new estimate of the cost of repealing the SGR, reducing the estimated ten-year budget cost by more than half.<sup>i</sup> Now is the time for Congress to act, once and for all, to repeal the SGR, and to transition to value-based models of payment and delivery.

Now, let me talk about one group of people for whom it really is the worst of times: the 30,000 Americans who will be killed or injured each year from firearms, and their loved ones. Our report outlines a series of common-sense reforms to help prevent firearms-related injuries and deaths, from better access to mental health to reasonable restrictions on firearms in a way that does not infringe on constitutional rights.

Finally, ACP is very concerned about the unrelenting day-to-day intrusions on the patient-physician relationship. Many of my physician colleagues tell me that it is the worst of times when it comes to the barriers that get between them and their patients.

*As a practicing physician and a mentor to future physicians, I'm steeped in the same daily morass of barriers on the patient-physician relationship that are encountered by patients and physicians. These barriers constantly undermine the patient-physician relationship, the very foundation of good medical care:*

- Lack of time with patients.
- Excessive, Unnecessary and unproductive administrative tasks
- Electronic Health Records that do not meet clinicians' and patients' needs.
- Performance measures that can result in unintended adverse patient care consequences.
- Growing and excessive numbers of mandates on physicians enforced by penalties.
- The adverse consequences of a dysfunctional medical liability system.
- Laws that dictate to physicians what they can say to their patients.

The inevitable result of the unrelenting assault on the patient-physician relationship is physician burnout, causing many physicians to leave their beloved profession. It especially is causing many physicians to view primary care as a less desirable career choice, exacerbating a growing shortage of primary care physicians, because a disproportionate share of the burden of reporting on measures, health insurance transactions, and pressure to spend less time with patients falls directly on primary care physicians and their patients.

System-wide efforts to improve the healthcare system won't succeed on their own in improving access and quality if the physicians that the system is counting on to deliver care over-hassled, over-stressed, harried, hushed and rushed.

Our two-pronged plan proposes specific ways to reduce the intrusions on the patient-physician relationship while also building on the progress being made in expanding coverage and lowering costs. You can read the details of our recommendations in the complete State of the Nation's Health Care paper and in separate one-pagers at [URL].

In conclusion, continued improvement in the health care system to expand coverage and reduce unnecessary costs is imperative, but such efforts will not succeed in ensuring patient access to high quality medical care if the current assault on the patient-physician relationship is allowed to continue unabated.

Now, Bob Doherty, ACP's senior vice president of governmental affairs and public policy, will tell you more about today's report and our recommendations.

After Bob's comments, we'll both be open to Q&A from you. Bob...

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