The Politics of Medicine: Local and National

By Jennifer Hagman, M.D.

The most recent legislative session has included efforts from Advanced Practice Nurses (APNs) to shake free of any physician oversight, with efforts by APNs to convince legislators that they are just as skilled in all areas as physicians. Late in the session, the Colorado Trial Lawyers again introduced a bill to increase caps in malpractice awards on non-economic damages, and adjust yearly by inflation. The Skolnick Act, which passed last year, requires even more detailed disclosure when we pay our licensure fees. This is an effort to make it easier for the public to find information related to disciplinary hearings or malpractice proceedings. At a time when physicians are working harder than ever to provide care to their patients, we seem to be a target for others (APNs, Trial Lawyers, consumers) who often do not view us as compassionate, hard working, ethical individuals. CPS worked collaboratively with the Colorado Medical Society and other medical specialty groups on all of these bills in an effort to actively respond to the myriad legislative proposals which can substantially impact our professional lives, as well as the access to and quality of care that patients receive. We also worked collaboratively with the mental health community and consumer groups to expand access and to ensure that mental health has a voice at the Capitol. The APN legislation has been dramatically improved to retain and strengthen collaborative agreements, now renamed “articulated plans”, with expansion of supervised prescribing hours required for new grads. Although the trial lawyer’s malpractice bill has now died, we will continue to be actively involved in issues related to malpractice reform beyond addressing the “caps.” We will work to mitigate any potential cuts in Medicaid payments to providers. Most physicians are not aware of the level of attention to detail in bill language, or testimony that is provided to reach a better outcome during the session. When these bills are signed into law, we often notice changes without appreciating what went into the process, or understanding why, with the Skolnick Act for example, we now have to answer so many more questions in our licensure renewal process. Active efforts from CPS and CMS were successful in limiting the scope of these questions to be primarily focused on issues related strictly to the practice of medicine. Your CPS dues help support our efforts at the Capitol, and PAC donations make a significant difference as well. Many thanks to the CPS members who have testified, helped via e-mail and made calls and contacts with legislators. It really does make a difference.

I attended the 6th Annual Health Care Policy Breakfast, on April 21st, hosted by the Denver Metro Chamber of Commerce. T.R. Reid was the speaker and now lives in Denver. He was a veteran foreign correspondent for the Washington Post, and a commentator on NPR. He has lived around the world and personally experienced health care in Japan, Great Britain, Canada and the US (four completely different models). His PBS documentary “Sick Around the World” aired last year, and his book The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care will be published this summer. I strongly encourage watching the documentary and watching for the book.

It was the most coherent discussion I have heard about how all the other industrialized democracies manage to provide “health care for all” at a much lower cost with better outcomes, and how terribly broken and ineffective the approach the United States has taken really is. Given the intense battle over the malpractice bill this session, it was remarkable to hear that the USA is the only country where tort law is used to compensate patients for bad outcomes. In January 2010, Mexico will institute universal health care, and they have only 1/6 the GDP of the US. Continued on page 2
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Mr. Reid described the four different models that most countries fall into. The “Beveridge” Model in Great Britain, is essentially a single payer, single provider system, where the government both pays the bills and provides the service. The Bismarck Model, which is used in Germany, Switzerland, Japan, Belgium, the Netherlands, relies on not-for-profit insurance companies. National Health Insurance (NHI) is the Canadian Model, called Medicare (they developed it first), in which everyone is covered by NHI and care is delivered by non-government owned providers and facilities. The fourth model is called “Out of pocket,” in which patients pay directly for any service received.

In the U.S., we’ve “got em all” according to Mr. Reid: If you are a Veteran or Native American, you live in Great Britain (Beveridge Model). If you are over 65, you live in Canada (NHI, Medicare). If you are employed, you live in Germany (Bismarck Model) and if you are one of the 47 million Americans without health care, you live in Nepal (out-of-pocket model). The countries with “one system for all” spend 50% less than the US on health care, and have longer life expectancies and better outcomes. Administrative costs range from 3 – 7% compared with over 25% for most health care insurance companies in the US. Mr. Reid made a very compelling argument for meaningful, comprehensive health care reform in the US, but also discussed the many barriers to change. He also drove home the point that a country must make the moral decision to provide health care for all in order for the system to have the political and economic clout to impose real cost controls. For more information and to watch “Sick Around the World” you can go to the PBS website, or google “T.R. Reid.”

From the Editors:
In the last two decades, the wealth of research on and interest in biological psychiatry has eclipsed other domains of psychiatry. The content of this newsletter has sometimes reflected this change. We, as editors of A Piece of Our Mind, would like to expand the scope of our District Branch interaction to include the thoughts and understandings of our members that go to the heart of our work as psychiatrists and physicians. To that end, we are soliciting contributions from our membership to include commentary on the arts (e.g, film, literature, music, theater) as they pertain to our work, and personal thoughts about the joys and vicissitudes of medical practice. There is so much we can learn from one another. Psychiatry is, after all, a human and humane endeavor. As a result of the many changes in our practices over the past decades, we have lost our connection to one another. We are missing a sense of community. Perhaps A Piece of Our Mind can be a vehicle to begin to restore that which has been lost.

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Thanks to all of you who have been providing us with updated e-mail addresses. We appreciate your support in helping us to be a more green organization.