

What's a Doctor to Do?

Reflections on a tumultuous year **BY DAVID AIZUSS, MD**

THIS PAST 12 months has been an extraordinarily difficult time to be a practicing physician—a time when thinking about the future of our profession can be daunting and when trying to plan for our individual professional futures can be downright frightening. First, we faced the debate surrounding the Patient Protection and Affordable Care Act. The debate engendered the worst that both the right and the left political points of view had to offer while leaving those of us in the middle concerned about our profession, our patients and our future paths.

Even organized medicine had difficulty confronting health care reform legislation as it grappled with what to endorse, what to oppose and what to simply observe. Our physician leaders could not possibly make their entire constituency happy. As a result, the American Medical Association, in particular, faced harsh and unrelenting criticism over the positions it took. Many of our colleagues believed that the AMA should have taken a hard line in opposition regardless of the politics of such a decision. Many state and county medical associations took positions opposite that of the AMA and consequently damaged professional unity, perhaps permanently. The issue of standing up for principles has been raised yet no one unanimously agrees on what those principles are.

Many physicians were angered by the AMA's positions and vowed not to renew

their membership. Such a vow weakens all of us, but most of all it weakens our profession. At no time more than now, as the legislation is implemented and regulations are drafted do we need a strong, effective and unified national group representing physicians. Like it or not, there is no other group capable of filling that role.

While health care reform went forward like an automobile with a failing transmission in fits and false starts, physicians nationwide also had to deal with the reality of impending Medicare payment cuts due to legislation passed in the early 1990's that imposed the sustainable growth rate. As a result of cuts delayed or not implemented over the last few years, we faced a nearly 30 percent cut in Medicare reimbursements in one quick swoop. Once again, as in prior years, the cuts were delayed by last minute legislation but this time around, instead of buying a year or two, the cuts were only delayed by a matter of months. The Obama administration failed in its promise to the AMA to correct the SGR permanently in exchange for AMA support of health care reform. Physicians planned to stop seeing new Medicare patients, cut back on current Medicare patients or drop out of Medicare totally. The fury at the AMA, the Obama administration, and the Congress increased dramatically.

In such an environment of continually impending financial setbacks who could plan for capital acquisitions, equipment expenditures, group expansion or even

consider hiring new employees? In its own way, Congress and the administration were contributing to the ongoing recession by stifling medical hiring because of the uncertainty created by poor policy. SGR cuts were once again delayed by legislation passed in the lame duck congress after the November elections but we continue to face these cuts and worse in the future.

Finally, as if all of this were not enough, Accountable Care Organizations float as visions in our misty future. Under health care reform, future Medicare payments will be funneled through ACOs, each of which will control the health care of at least five thousand patients based on assignment by who their primary care physician is and presumably by which ACO the primary care physician belongs to. The goal is to duplicate the theoretically more efficient vertical models seen in the Mayo Clinic, Kaiser Permanente and the Cleveland Clinic health care systems among others. How to do this on a massive national scale remains uncertain and what we can expect both as physicians in multiple specialties and as patients seeking care remains unclear. The only thing that is totally clear to me is that I want a strong local, state and national organization able to intervene on my behalf.

We need LACMA and the CMA more than we ever have. As fellow physicians, each and every one of you needs to carry this message to your peers. Even though we may have had our differences with the way the AMA executed its message on health care reform, we need to credit it for staying in the fight and ensuring the SGR cuts did not occur. We need the AMA to remain a strong force in Washington. I cannot envision how much worse off we would be if we did not have our advocacy organizations functioning on our behalf. Please bring that message to your colleagues so that we can ensure the survival of our profession and render the best possible care to our patients!

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