

Health System Reform

The AMA, FMA & County Medical Society, supports the achievement of meaningful health system reform, which follows six key concepts:

Expand coverage

- Provide affordable, essential health insurance coverage for all
- Promote a robust private insurance market
- Ensure sustainable public programs for vulnerable populations

Improve quality

- Provide real time data at point of care
- Use measurement as a tool, not an end point

Reform government programs

- Ensure adequate payments
- Replace Medicare sustainable growth rate (SGR)
- Allow public subsidies for purchasing private insurance

Reduce costs

- Break down silos and reward physicians for reducing costs
- Enact medical liability reforms
- Streamline insurance claims processing

Increased focus on wellness/prevention

- Align insurance benefit design with prevention evidence
- Make public investments in education, community projects, and nutrition
- Eliminate racial, ethnic, and gender disparities

Payment and delivery reforms

- Promote medical home and other steps to reward care coordination of chronic disease
- Provide antitrust relief to improve quality and care coordination
- Conduct adequate testing of new payment models

Medical Liability Reform

Our nation's health care system is facing a medical liability crisis due to rising medical liability insurance premiums. Because of these skyrocketing insurance premiums, doctors in many states are being forced to limit services, retire early, or move to another state with lower insurance costs.

Frivolous lawsuits are driving up insurance premiums resulting in all Americans paying higher health care costs. Did you know that:

- 45% of America's hospitals report that the medical liability crisis has resulted in the loss of physicians and emergency departments are losing staff and scaling back on critical services in our nation's trauma units.
- 1 in 7 Ob-gyns in America no longer deliver babies due to rising liability insurance costs.

Our liability system needs reasonable limits on non-economic damages up to \$250,000 and a 'fair share' rule that allocates damage awards fairly and in proportion.

Medicare Reform

Permanent Medicare Reform Needed

Late in the evening on March 2, 2010, after having allowed a 21 percent cut to Medicare physician payments to occur, the U.S. Senate passed a bill, H.R. 4691 that postponed those cuts again - this time for a mere 30 days - until April 1. Once again the U.S. Senate has delayed any real or meaningful reform on a critical issue.

“Our message to the U.S. Senate is stop playing games with Medicare patients and the physicians who care for them,” said AMA President J. James Rohack, M.D. “It is shocking that the Senate would abandon our most vulnerable patients, making them the collateral damage of their procedural games.”

The vicious cycle of short-term delays that increase the size of the cut and the cost of reform for American taxpayers must come to an end. These cuts are a problem for you and your family because an AMA survey shows that these drastic cuts in Medicare payments will make it harder for patients to see their doctor.

Consider some of these alarming survey results:

- 60% of all doctors say a Medicare cut will force them to decrease or stop seeing new Medicare patients and to discontinue nursing home visits.
- A majority of doctors in rural communities say they will no longer be able to conduct important outreach services due to nine years of projected cuts.
- Nearly 3 out of 4 doctors say the Medicare cuts will force them to delay purchasing critical new medical equipment.
- 65% of doctors say the Medicare cuts will force them to delay purchase of new health care technology.

Many doctors also reported that more Medicare patients are now being treated in emergency rooms for conditions that could have been treated in a physician's office, that it's gotten harder to refer patients to certain medical and surgical specialists, and that many seniors now have to travel further for needed medical care.

Uninsured

Coverage for the Uninsured

More than 46 million Americans are uninsured. 80% come from working families; 20% are children. The United States spends nearly \$100 billion to provide uninsured patients with health services, often for preventable diseases or diseases more efficiently treated with early diagnoses. This burden is shouldered by everyone.

So what do we propose?

- To provide all Americans with the means to purchase health care coverage
- To give individuals choices to select the appropriate coverage for them and their families
- To promote market reforms that enable this new approach

Expanding coverage for the uninsured and increasing access to care

The AMA's Patients' Action Network is committed to leading the response to solve the health coverage crisis for all patients and will work to build political pressure for action on both coverage and access to care.

We will advocate for and create awareness about our proposal to expand medical coverage for the uninsured. We will lead the charge to move the system toward affordable coverage that is individually owned and chosen by each patient or family, with financial assistance for those with low incomes