



OKLAHOMA STATE MEDICAL ASSOCIATION

2010 Principles for National Health Care Reform

Updated 4/20/10

- 1) *Small is beautiful:* 9 out of 10 patients in the US get their care from doctors' offices with *less than three doctors* in that office (see, "*The Independent Physician--Going , Going...*" New England Journal of Medicine, February 19, 2009), small businesses that deliver highly personalized service to very different patients. This is a plus, not an anachronism of the past for our patients and for health care. Most Oklahoma physicians don't want to end up working for large corporations or institutions which are more interested in cost cutting than in delivering individualized compassionate and respectful care to acutely vulnerable citizens. We may be forced into large health care organizations if we cannot survive in independent practices, all in the name of ruthless efficiency and cost cutting.
- 2) *Is There a Doctor in the House?:* The 2010 Medicare physician pay cut of 21% which is scheduled to go into effect on June 1, 2010, will decimate small practices that provide the majority of care to Oklahomans. The fact is that many practices have already cut their expenses to the bone, and others are simply selling out to local hospitals or, even worse, prematurely going out of business. Fundamentally, you cannot leave the health care of Oklahomans in the hands of bureaucrats or impersonal corporations that are more interested in the bottom line than in the wellbeing of our patients, your constituents. Congress needs to repeal Medicare's Sustainable Growth Rate (SGR) formula and replace it with a reimbursement system that makes sure Oklahoma's Medicare population has access to quality health care when they need it.
- 3) *Who Sets the Standards?:* Comparative effectiveness studies and practice guidelines should be promulgated by our medical specialty societies and not by insurance companies that are more interested in the wellbeing of their CEO's salaries and their stockholders' return on investment. Oklahoma doctors trust their nationally respected peers far more than the federal government or some faceless voice at the other end of the telephone line dictating to us what they think is the right care for our patients.
- 4) *Computers are a Tool, Not the Solution:* Health Information Technology should be interoperable, and both patient- and doctor- friendly. Collected data should serve the purpose of advancing patient care, and not be just another check box or data point for insurers. Doctors should not have to hire employees to enter data in their office computers for the insurance companies and the government to mine for other profit-related purposes. We need more caregivers seeing patients in the office, not more data entry people.
- 5) *Bring Patients Home:* We support the proposed patient centered medical home concept, tailored to the realities of Oklahomans' lives and culture. We hope that the medical home concept will lead to central depositories of medical information for our patients and that it will facilitate appropriate and timely referrals to other Oklahoma physicians as needed while ensuring that our patients' privacy and confidentiality are appropriately maintained.