

**OKLAHOMA STATE MEDICAL ASSOCIATION
COUNCIL ON FEDERAL GOVERNMENTAL ACTIVITIES**

2/9/11

PHYSICIAN STATEMENT ON HEALTH SYSTEM REFORM

We know that the current health care system is dysfunctional because it is perceived as expensive by all parties and because it is discriminating against those who are ill.

We therefore need to correct the flaws in health system delivery in order to promote truly improved quality care (i.e., defined as better measurable outcomes and patient satisfaction) for less money, at less malpractice risk for physicians and with improved efficacy of spending of the health care dollars (i.e., more spent on direct patient care).

We must also agree on the appropriate setting of health care for our patients: a “medical home” i.e., in offices where “everybody knows their name” when receiving preventive services and/or chronic disease management care, or in hospitals where patient safety is first, when their condition requires the application of high-tech care, or in appropriate supportive settings (home or Nursing home) when they are at the end of life or unable to provide self-care.

To do all of the above:

1. We need enough physicians, and where appropriate, supervised Physician Assistants (Pas) and Nurse Practitioners (NPs). We also need more Registered Nurses (RNs) and other trained health personnel.
2. We also need centers of primary and specialty health care delivery that are close to the patient’s residence, e.g. doctors offices and federally-qualified health community centers, both in the cities and rural areas.
3. We need hospitals that are smartly managed and geographically distributed to serve non-ambulatory ill patients with appropriate health information technology that can support patient safety and health care quality compliance protocols.
4. We need medical device and pharmaceutical industries regulated to prevent the premature approval of unsafe or unproven devices and drugs that only feed unrealistic expectations of the U.S. population for high tech medicine.
5. We must support our medical education system, including medical schools and residencies, in order to provide sufficient numbers of physicians to provide compassionate, knowledgeable, and state-of-the-art care to our patients. This would also include effective post-graduate continuing medical education for physicians in practice.
6. Our system must enhance the relationship between patients and their health care, i.e. they must see a direct correlation between their lifestyle choices and health care expenses and participate with their physician in how their health care dollars are spent.