

MAG president tells U.S. lawmakers that right to contract is key to reform

M. Todd Williamson, M.D., the president of the Medical Association of Georgia (MAG), told the U.S. House of Representatives Committee on Energy and Commerce on June 25 that giving patients the right to enter into private contractual agreements with their physician is the single most important step that lawmakers can take to reform the country's health care system.

"This will empower patients to choose their own physician...and it will let them make their own medical decisions," the Lawrenceville-based neurologist said during the hearing to address the House-sponsored health care legislation "discussion draft." He added that private contracting will promote transparency, accountability, and cost control at the individual level.

"If patients were given the opportunity to privately contract with the doctor of their choice, every patient would have access to every doctor," Dr. Williamson said. "These patients and their physicians could then decide what care they need, and they could negotiate the fees for that care on an individual basis."

Dr. Williamson said that private contracting will preserve the kind of patient-physician relationship that has served as the foundation for the best medical care in the world. Moreover, he said, restoring the right of patients and physicians to privately contract will help the country achieve the fiscal results it "desperately" needs.

Dr. Williamson noted that MAG was part of a coalition of 20 state medical and specialty societies that represent more than 100,000 physicians from across the U.S. that sponsored a resolution at the American Medical Association (AMA) House of Delegates meeting in June that solidified a patient's right to privately contract with his or her physician as an AMA advocacy priority. Dr. Williamson said that the coalition members believe that a competitive environment is the key to preserving the health care system.

"If private contracting was allowed, every patient would have access to every doctor," Dr. Williamson pointed out in his testimony. He said that each patient's unique health insurance coverage circumstances could serve as the foundation for the negotiation between patient and physician.

Dr. Williamson called for tax incentives and individual "portable" insurance policies. He said that, "When all Americans control their own (health insurance) policies, insurance companies will be forced to compete for the business of millions of individuals, and they will focus on satisfying the patient...not the patient's employer."

Dr. Williamson stressed that the discussion draft is based on some faulty assumptions, including the theory that there's no relationship between health care expenditures and outcomes. He said that factors like poverty – along with education, inadequate family and social support – are far stronger data points for predicting health care spending and outcomes than Medicare data, which serves as the basis for the discussion draft.

He also told lawmakers that the discussion draft misrepresents U.S. health expenditures.

"Different countries account for medical spending, including out-of-pocket payments and the costs of long term care, in different ways," he stated. "Some countries do not count the cost of nursing home care as a health care expenditure. And countries can most certainly drive down costs if they deny or ration patient care based on age."

The MAG leader added that the cost associated with researching and developing the world's medications, medical devices and procedures distort costs in the U.S.

He also said the discussion draft is flawed in assuming that U.S. health outcomes are anything but the best in the world.

“The outcome for many types of cancer, heart disease, diabetes, and high blood pressure is clearly better in the U.S. than in the rest of the world,” Dr. Williamson testified. “Let the global community choose where they would prefer to receive their medical care, and people from around the world would line up at our borders.”

As a bottom line, Dr. Williamson said that, “We cannot support, and would actively oppose, the discussion draft...it is fundamentally flawed and based on faulty assumptions. We believe that it unleashes the heavy hand of the government to influence how we as physicians will treat our patients.”

He continued, “We do not believe that the federal government, which serves as the single largest payer for medical care, should replace the current methods for research and development or substitute the training and judgment of physicians, with federally-controlled comparative effectiveness research. This simply is not in the best interest of our patients.”

Dr. Williamson said that MAG does support some of the elements in the discussion draft, including provisions addressing the flawed SGR, placing a greater emphasis on prevention and wellness, streamlining and simplifying the payment of claims, reinforcing primary care, and facilitating the development of electronic health records.

In terms of solutions, Dr. Williamson proposed that, “We can also eliminate the obstacles to health care insurance for all Americans by changing the tax code...by adopting a tax equity policy for the purchase of insurance, by using pooling mechanisms for increased purchasing power, and by placing a greater emphasis on tax deductions and tax credits. “

He said that, “We must transform the health insurance model into one that's owned and controlled by patients. Most Americans receive their health care coverage through a third party, which means their health care decisions are influenced by their employer or the government. People should be able to purchase the health insurance product that best fits their individual needs.”

And, Dr. Williamson told lawmakers that MAG believes health care expenditures can be reduced by enacting proven and effective medical liability reform measures that will eliminate the need for “defensive medicine.”

In a subsequent letter to congressional leaders, Dr. Williamson wrote that, “We are opposed to the Tri-Committee discussion draft because it creates a public option health plan that will unfairly compete with private sector plans and ultimately lead to a government-run, single-payer health care system. We genuinely believe that this measure could result in the end of private practice medicine in the U.S.”

The letter goes on to say that, “We also believe that the discussion draft sets the stage to move from ‘clinical’ comparative effectiveness to ‘cost-based’ comparative effectiveness. This will result in government-rationed care and it will drive a wedge between patients and physicians.”

Dr. Williamson promoted the patient-physician relationship and free market solutions when he testified on behalf of the coalition before the House Energy and Commerce Committee Subcommittee on Health in March.

His written and video testimony and other related resources are available for review on the “National Health Care Reform” page at www.mag.org/nationalhealthcarereform.