

# Virtual Mentor

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## FROM THE EDITORS

### Leading through Change

Can I get a grande latte, double shot of espresso with skim milk and Splenda? Every day, millions of beverage orders are taken and successfully delivered at thousands of franchise coffeehouses around the world. Being able to get a good cup of joe (at five dollars a pop) no matter the time of day or the specific store location is a convenience that we have come to expect and probably take for granted.

While few of us, if anyone, would compare the selling of coffee to the delivery of medical care, there are many who argue that the health care system is not delivering quality service in the consistent manner, independent of geography or time, that all patients expect and deserve. Calls for the health care sector to adopt and learn from other industries abound, from information technology, as with the financial services sector, to the safety protocols and culture institutionalized by the airline industry. Whether or not other industries provide meaningful examples of how the health care system can be improved is open for debate, but regardless, change is coming. In this issue of *Virtual Mentor*, we explore the opportunities and uncertainties that health care reform will bring to physicians and the medical profession.

Accelerated by the passage of the Affordable Care Act of 2010, health care is in the midst of a seismic transition from a cottage industry made up of thousands of small businesses to one that is increasingly consolidated around integrated systems of care. As author and teacher Robert Martensen, MD, PhD, writes in the history of medicine section, the explosion in high-tech treatments and Medicare's outsized influence on medical priorities, coupled with what he calls its "laissez-faire" approach to reimbursement, combined to put acute care at the center of the medical solar system. This has not been good for primary care and the chronic illnesses that require continuity of management—not to mention the financial sustainability of the health care system.

New paradigms are being sought to ameliorate these problems in concert, improving outcomes while reducing unnecessary costs. The vice president of the American Medical Association's ethics group, Audiey Kao, MD, PhD, suggests in his policy forum piece that professionwide agreement about the meaning and appropriateness of stewardship in medicine could lead to a more sustainable health care system. In her case commentary, Lisa M. Gangarosa, MD, professor and division chief at UNC School of Medicine, considers how doctors should respond to patient requests for nonindicated screenings. Gordon H. Smith, JD, the executive vice president of the Maine Medical Association, describes Maine's pilot program to reduce the practice of defensive medicine in certain specialties by assuring legal protection for doctors

who follow particular guidelines. Another proposed way of reducing overutilization of resources, improving outcomes, and lowering costs is the institution of pay-for-performance programs, in which compensation is received based on outcomes, rather than on treatments performed. This month's excerpt from the AMA *Code of Medical Ethics* concerns how to design such programs around the best interests of the patient.

One practice model incorporating pay-for-performance is the accountable care organization (ACO), in which all departments and practices that participate in an episode of care share payment—and incentives earned by savings. The ACO model was tested in the Centers for Medicare and Medicaid Services' Physician Group Practice demonstration. Todd Ferguson, PhD, research associate for the AMA's Ethics Resource Center, reviews assessments of the project in the journal discussion section.

How will all this change medical practice? Thomas J. Nasca, MD, the CEO of the Accreditation Council for Graduate Medical Education, points out that if Medicare funding for graduate medical education is cut, responsibility for educating the next generation of doctors will fall to the profession. In the medicine and society section, Randy Wexler, MD, MPH, professor of family medicine at The Ohio State University, predicts that coordination of care will greatly improve, doctors will end up taking a much more active role in preventive care, and patient access to care will have to increase dramatically, perhaps with office-hour changes to accommodate patients' schedules.

In the short term, these changes may affect doctors' interactions with patients in a different way. Jack P. Freer, MD, professor and division chief at the University at Buffalo, takes political questions in the exam room as a jumping-off point for patient education in his clinical commentary.

Some physicians have become more actively involved in the political process. In the medical narrative section, child psychiatrist Scott M. Palyo, MD, recounts his experiences as a congressional fellow during the period health reform was taking shape. He found that physicians' contributions to the legislative process can be crucial. Rice University health economist Vivian Ho, PhD, echoes this conclusion in her op-ed. But do physicians have an *obligation* to participate in politics? The case commentators of the first clinical case, University of Alabama at Birmingham professor Thomas S. Huddle, MD, PhD, and oncology resident Kristina L. Maletz, MD, take up this question.

The reforms, enacted and yet to be, haven't been popular with everybody. The ACA's mandate that individuals purchase health insurance, for example, has been a matter of strong controversy. In a policy forum piece, AMA senior research associate Valarie Blake, JD, MA, gives some background on the American Medical Association's view of the individual mandate, and medical student Eugene B. Cone gives us an "inside the beltway" look at the history and original intent of the congressional budget reconciliation process that was ultimately used to pass the

ACA. In the health law section, law students Lizz Essfeld and Allan Loup review the legal challenges to the ACA's individual mandate to purchase health insurance. Michael F. Cannon, MA, JM, director of health policy studies at the Cato Institute, takes a skeptical view of the reforms, arguing in an op-ed that they will drive up both insurance premiums for patients and the country's overall debt.

As with all the changes that confront the U.S. health care system, some will be for the better and some will likely not. There will be perceived winners and losers. What remains unchanged is the biological fact that disease creates physical and emotional vulnerability, and those who are sick seek someone to help cure them if possible, and comfort them when that is the only course. Over the centuries, physicians have met this call by applying the art and science of medicine with the aim of improving health and reducing suffering. By keeping faith with this longstanding ethic, physicians and the medical profession will be in a better position to lead during these transformative times.

*Virtual Mentor* Editors

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