

# Arthroscopy Association of North America

## Position Statement – Health Care Reform

*This Position Statement was developed as an educational tool based on the opinion of the authors and is not the product of a systematic review. Readers are advised to take the information presented into consideration and draw their own conclusions.*

### **Overview**

The current health care crisis not only challenges the economic stability of our country as the greatest factor influencing the increase in our national debt, but threatens to lead to further deterioration in the overall health of our citizens. National health care spending is expected to reach \$2.5 trillion in 2009 equaling 17.6% of our Gross Domestic Product. Employer and Employee health insurance premiums have risen 119% in the past decade. While methodologies vary and conclusions differ regarding the overall health of our country's population, in one of only two absolute measures, mortality, the US ranks 24<sup>th</sup> among 191 nations. Little question exists as to the need for substantial change and improvement in the delivery of medical care. In doing so, however, the principles outlined in the "Patient Bill of Rights" as adopted by the Association of American Physicians and Surgeons must remain inviolate.

***The Arthroscopy Association of North America (AANA) believes that new health care legislation enacted must offer choice, insure quality, demonstrate cost-effectiveness, provide unencumbered access to specialty care and be affordable without sacrificing patient's rights.***

### **I. Choice**

At the heart of a successful patient outcome lies the physician – patient relationship. The ability to choose a provider is an essential ingredient in developing rapport with and confidence in one's physician. Decisions regarding appropriate medical treatment must occur in concert by the patient and their treating doctor taking into consideration potential benefits, risks and cost. The more "managed" a health care plan is, the more restrictions that are placed on the patient in choosing their doctor or treatment facility. While national health care plans are being advocated, it is the individual patient who bears the illness and must retain the freedom to select their provider and method of treatment. Medical care decisions must not be shifted from the patient to a government agency.

***AANA believes that insurance plans must provide the ability for the patient to freely choose their specialist provider and treatment method from available options.***

## **2. Cost-Effective Quality Care**

The U.S. spends more per capita on the delivery of health care than any other United Nations member. Health care costs are rising faster than wages or inflation. Ideally, each dollar spent on medical care should positively impact the patient's health and quality of life. Significant reductions in wasted expenditures can substantially impact overall costs. By implementing specialist authored evidence-based clinical practice guidelines, delays in diagnosis, unnecessary tests and ineffective procedures can be dramatically reduced along with the associated costs. In addition to decreasing risk, appropriate guidelines have been shown to improve identifiable quality measures including recognition of patients at risk for disease, appropriate evaluation strategies, accurate diagnoses, appropriate treatment options, prudent follow-up and improved compliance. Further, less costly treatment options with comparable results to those of more expensive alternatives can be identified and result in additional savings. As an example, compared with the facility fee paid for an outpatient procedure performed at a hospital, an average 41% savings could be realized if the identical procedure (by the same surgeon) was completed at an ambulatory surgery center. Further, existing barriers that restrict the access for Medicare patients to treatment at free-standing outpatient surgery centers should be removed. The practice of "defensive medicine" (ordering unnecessary tests, "rubber-stamp" concurring opinions, etc.) continues to drain health care resources and has been estimated to potentially cost in excess of \$41 billion over five years. Liability reform could substantially reduce that figure.

***AANA believes that economic support for evidence-based practice guidelines, the identification and selection of less costly treatment alternatives with comparable outcomes and meaningful liability reform will generate savings without sacrificing quality.***

## **3. Patient Access to Specialty Care**

A policy employed by some Managed Care Organizations (MCO) is to prevent patients from being seen by a specialist for a specific disease entity without being treated first by their primary care provider. Several Health Maintenance Organizations (HMO) have abandoned this "gatekeeper" practice in multiple states due the increased associated costs. A specialist is an expert in the management of musculoskeletal disease. The inability to obtain direct access for appropriate specialty evaluation potentially delays an accurate diagnosis, prolongs patient suffering, while the disease process is permitted to advance. As a result, a greater cost is incurred to manage a more severe problem later. The projected 40% reduction (\$500 billion) in Medicare payments by the year 2016 will have an adverse impact on the quality of services available and additionally, will necessitate that orthopedic surgeons limit the number of Medicare patients that they are able to care for. This effectively will ration care. In Canada's universal health care system, rationing has led to long queues and delayed treatment for many

necessary services. In a study that compared 29 European countries with Canada, Canada ranked last in value for money. Of all the countries studied, the only one that operates with a virtual single payer monopoly funding source for hospital and physician services was Canada.

***AANA believes that timely access to specialty care significantly improves patient satisfaction, results in more favorable treatment outcomes, and overall, saves health care resources.***

#### **4. Affordable Medical Coverage for All**

Of the industrialized nations, the U.S. has the largest population of uninsured citizens, approximately 46 million. Medical bills are a significant contributing factor in 60 % of personal bankruptcies. The reasons for not having health insurance coverage vary, but include the inability to afford premiums, loss of employment, being able but choosing not to be insured, failure to enroll, and immigration status. Providing some basic and necessary emergency care for this group of individuals creates a resource drain that not only shifts the resulting burden to the insured population, but also distorts the true cost of services. Insurance for basic health care and catastrophic coverage should be made available, affordable, and portable for all of our citizens. Individuals should bear the responsibility for determining their own risk level and purchasing additional insurance beyond the basic level as they see appropriate. A mandated public option would create another government bureaucracy similar to Medicare, Medicaid, and Social Security, all of which are projected to be depleted of funds in the near future. Measured insurance reform could promote greater competition through federal licensing of all insurance companies in all states, and by creating state-based insurance exchanges which could also assist in providing coverage for the uninsured.

***AANA believes insurance coverage for basic health care and catastrophic illness should be made available and affordable for all; further, that innovation in insurance products offered through the private sector will have far greater success than a government mandated public option.***

#### **Summary**

***The AANA believes that the practice of high-quality medicine requires a trusting and compliant patient willing to partner with a knowledgeable, skillful and compassionate physician. No substitute has yet been found for one individual caring for the needs of another and thus no health care system will supplant the special physician-patient relationship. The future cost of attempting to remedy the delivery of poor medical care now will far outweigh the price of providing high quality care at the outset. Although the current economic times are challenging, our oath has not changed, nor should our primary intent to enhance the health and well-being of every patient we see.***