ILLINOIS STATE MEDICAL SOCIETY

Resolution 12.2019-23
(A-20)

Introduced by: Nicole Blumenstein and Alankrita Siddula, ISMS Members

Subject: Health Care Reform Survey

Referred to: Council on Economics

Whereas, there are currently many healthcare reform proposals from Medicare and Medicaid expansion to an ACA expansion, including Governor Pritzker's IllinoisCares, Medicare and Medicaid buy-ins, public options, and Medicare for All; and

Whereas, ISMS does not hold a position in support of or against many of these proposals; and

Whereas, in the spring of 2017, the Chicago Medical Society polled both members and non-members for their views on different health care policies and payment models; 1,060 practicing physicians from Cook County and adjacent collar counties responded with the findings of 66.8%, had a "generally favorable" view of single-payer financing health care system, and 62.71% had a "generally favorable" view of the *Affordable Care Act*; and

Whereas, the Chicago Medical Society's 2017 survey had significant limitations in the questions asked and was perceived as potentially biased or presenting leading questions that did not fully investigate perceptions of the complex healthcare landscape that goes beyond only single payer, ACA, and ACHA; and

Whereas, ISMS believes health care coverage must be expanded to all citizens of the United States and that as our health care delivery system evolves, direct, meaningful and obligatory physician input is essential and must be present at every level of debate (HOD 2008; Reaffirmed 2012; Reaffirmed 2015-JAN; Last BOT Review 2015); and

Whereas, ISMS currently conducts surveys on policy proposals to aggregate opinions from all members, providing an opportunity to survey members on other matters such as healthcare reform; therefore, be it

RESOLVED, that ISMS assemble a committee comprised of supporters of each policy proposal to design a survey on the frustrations members have with our current healthcare system and opinions on healthcare proposals, to ensure any future ISMS stance is congruent with the opinion of the full body; and be it further

RESOLVED, that ISMS administer this survey in a timely fashion; and be it further

RESOLVED, that ISMS bring this resolution to the American Medical Association (AMA) and urge them to administer their own survey to their members.

Fiscal Note:

A professional, externally designed survey would cost in the neighborhood of $40,000, not including printing, postage and other related survey expenses.

Existing ISMS policy related to this issue:

It is the policy of the Society to require appropriate limits on non-economic damages for malpractice suits to be included as an integral and necessary part of any health care policy reform plan adopted and as a necessary pre-requisite for effective resolution of our current access and cost problems. (HOD 1992; Reaffirmed 2010; Reaffirmed 2011; Last BOT Review 2011)

It is the policy of ISMS to make every effort to oppose the creation of any health care provider taxes to fund health care reform. (HOD 1993; Reaffirmed 2012; Reaffirmed 2015-JAN; Last BOT Review 2015)

ISMS supports the following health care system reform principles: 1. Health care delivery and finance system reform should use the current public-private system as a basis and focus on incremental evolutionary change. 2. All patients should have access to a health benefit plan that would include catastrophic coverage as well as preventive services, appropriate screening, primary care, immunizations, and prescription drug coverage. 3. Health insurance reform is needed to allow public and private plans to develop innovative coverage plans, including the development of health savings accounts and other high deductible plans to encourage patients, physicians, and other health care providers to pursue high value care. 4. All health care expenditures should receive equal treatment for purposes of tax deduction and tax credits. 5. Professional liability reform – including caps on noneconomic damages – should continue to be pursued and defended as a way to reduce direct and indirect costs (defensive medicine)

and to address the adverse effect the current medical liability system has on the physician-patient relationship and access to health care. 6. Use of information technology in health care delivery should be encouraged to improve quality and safety of care, enhance efficiency, and control costs. 7. Health care education and literacy must be an important part of any medical care financing and delivery system reform. 8. Health care reform proposals should include provisions for physicians to set and negotiate their own fees in order to adequately compensate physicians and other health care providers for the promotion of personal and public health. 9. Evidence-based protocols should support, not replace the patient-physician relationship. 10. ISMS objects to third party insurance carriers interfering with the practice of medicine and the patient-physician relationship. (HOD 2007; Revised 2008; Reaffirmed 2011; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2017;Reaffirmed 2018; Reaffirmed 2019; Last BOT Review 2015)

ISMS supports, as policy, federal medical liability reforms, similar to and including those as proposed in the "Help Efficient, Accessible, Low-cost, timely Healthcare" (HEALTH) Act. (HOD 2011; Reaffirmed 2016; Reaffirmed 2017)

ISMS supports the following principles for Medicaid reform and waivers: Purpose: To improve the health of low-income individuals and families, the aged, blind, and disabled enrolled in or eligible for the Illinois Medicaid program and to control Medicaid costs by offering competition, choice and program stability. Goals: - To assist the State of Illinois in obtaining legal authority to reform the Illinois Medicaid program either through application for a Section 1115 Medicaid waiver through the Social Security Act or an alternate method, such as an interstate compact. - To propose changes in Medicaid funding which will result in cost efficiency, transparency and fraud control. Principles: 1. Fund Illinois Medicaid through federal block grants or spending caps in exchange for greater program flexibility, simplified administration and regulation relief. 2. Administer funding separately for indigent medical care and for the elderly, blind and disabled. 3. Promote reasonable and fiscally responsible eligibility standards for patient participation in the Medicaid program. 4. Patient responsibility- Premiums and copayments for those above 150% of the federal poverty level should be in addition to the Medicaid fee schedule. Copayments for nonemergency use of the Emergency Room should be stratified based on income levels. 5. Change Medicaid from a “defined benefit” to a “defined contribution” program in order to promote cost efficiency, increase access to care, lessen the fiscal burden on the State of Illinois, restrict unnecessary care and combat fraud. 6. Patient empowerment and choice- Managed care should not be mandatory but instead should be an option for Medicaid enrollees. Managed care should compete with other models of care such as the medical home developed through the primary care case management program. In addition, beneficiaries should be given a choice between traditional Medicaid and a variety of private, customized, managed care plans with variable deductibles, copayments,

benefits and coinsurance. 7. A reformed Medicaid program should promote choice, access to quality health care and financial protection for patients by implementing Health Savings Accounts; offering premium support on a sliding scale basis; paying providers on a fee-for-service basis; ensuring transparency; creating incentives to cut cost, upgrading coverage and improving living status; evaluating outcomes; and providing a grievance process for beneficiaries. 8. Medicaid should establish pilot projects that allow evaluation of health insurance programs such as health savings account plans and other means of financing health care as applied to health care for the medically indigent. 9. Consider financial and/or benefits rewards for responsible use of benefits by beneficiaries and disincentives or penalties for irresponsible use of benefits, such as co-payments for inappropriate use of the emergency department. 10. Promote wellness programs and appropriate, customized preventive testing. 11. Health care education and literacy must be an important part of any Medicaid Waiver and Medicaid should provide financial support for comprehensive health education and literacy activities performed by physicians. Medicaid should develop creative, non-traditional patient educational programs such as training via video and the internet. Additionally, Medicaid should develop initiatives in cultural competence and provide cultural competence resources for physicians. 12. Maximize the principles of Cash and Counsel [which have traditionally been used to give individuals with disabilities the option to manage a budget and decide what mix of goods and services best meets their personal and health care needs] to help patients and providers use the Medicaid system optimally. These counseling programs should also be utilized to encourage community-based alternatives to nursing home care. 13. Care coordination should be physician-led and physicians should receive adequate compensation for time and effort spent in coordinating care to allow physicians and their staffs to spend adequate time with patients who have chronic and often complicated illnesses. 14. Promote usage of and technical advances in home health care technology. 15. Encourage anti-fraud activity such as hospital and nursing home audits. 16. To ensure patient access to care, physician compensation must be adequate. (HOD 2012; Last BOT Review 2014)