

DMG Healthcare Reform Positions

8/28/09

Individual Mandate: DMG believes that everyone should have access to high quality medical care. However we also believe that every person has a responsibility to use the mechanisms provided for in the proposed healthcare reform legislation to obtain access to health insurance. Additionally we believe that individuals have a responsibility to adopt a healthy lifestyle to the best of their ability.

Health Insurance Exchange: DMG supports the effort to make insurance option information understandable and easily accessible for purchase through an exchange mechanism. However we are concerned that some of the exchange development provisions create an unnecessary layer of expense and bureaucracy. We encourage the Congress to focus the exchange development through already existing entities such as each state's Department of Insurance. We believe this function would be complimentary to the responsibilities for plan review already assigned to each state's Insurance Commissioner.

Public Health Insurance Option: DMG is concerned about any provision that mandates physician participation in public health insurance for those physicians that are currently Medicare providers. We believe that physician participation in each government health plan should be independent, in the way that provider participation is currently unlinked between Medicare and Medicaid.

Standard Benefits that include Prevention and Wellness Services: Keeping people healthy is the best healthcare cost reduction measure. Therefore DMG concurs with the emphasis on healthy behaviors and preventive services. We believe that the measures described such as removing or limiting beneficiary cost sharing for covered preventive services, providing refunds or other incentives for Medicare beneficiaries who successfully complete behavior modification programs and improving provider education and patient awareness of covered preventive services are effective measures to increase utilization of preventive services and to motivate beneficiaries to adopt healthier ways of life. DMG concurs with the Congress's judgment to use the United States Preventive Services Task Force (USPSTF) guidelines as a basis for coverage decisions as long as coverage is provided for those preventive services deemed medically necessary by the prescribing physician. DMG believes that the covered benefits related to preventive and screening services should be standard across all public plans. This includes Medicare, Medicaid and any other public health plans implemented.

Comparative Effectiveness: DMG supports efforts to provide physicians with credible information on the medical effectiveness of medications and treatments for their patients and believes that the new federal program has the potential to promote the uniform application of such information in both the public and private sector. DMG believes that practicing physicians should be involved in the development and implementation of studies conducted through the new program to ensure that the research addresses the clinical concerns and priorities of physicians providing health care.

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DMG is also concerned that the comparative effectiveness process not be seen as a replacement for the physician's exercise of their medical judgment regarding each unique patient circumstance. The ultimate goal should be for physicians and patients to weigh comparative effectiveness information and mutually decide on the best alternatives.

Delivery System Alternatives: DMG supports the medical home delivery model and other concepts where the physician manages a team of staff providing patient-centered care. In these models nurses, case managers, patient educators and other health professionals provide vital patient care and services that enable patients to stay out of the hospital. We believe that reimbursing for specific non-physician medical care activities, such as those conducted within the medical home, will encourage more physicians to adopt these effective care models within their practices.