Michigan State Medical Society 2010 Inaugural Address

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The wilderness. Much of Michigan's natural beauty was formed as glaciers retreated across the land leaving pleasant peninsulas surrounded by the majestic Great Lakes some 11,000 years ago. Or, if you like, the Great Spirit stretched out and traced his left hand creating the wilderness. This is a tradition of native peoples who began to travel north even as the glaciers were still receding over the land. The land remained wilderness from then through the early 1600s when Etiene Brule' saw the it for the first time, the first of many newcomers to this land.

People must be sustained by their surroundings. The hunter, gatherer and agricultural societies initially welcomed, then tolerated and were ultimately displaced by the ways of trade and free enterprise. This new economic philosophy began the cycle of wealth, prosperity and expansion punctuated by periods of recession, depression and unrest. Michigan wealth was created by people working and investing in fur trading, followed by logging, followed by mining and then the industrial revolution. The cycles of Michigan's prosperity in the twentieth century have been for better and worse linked inextricably to the automotive industry.

Each of these drivers of economic prosperity has been associated with social consequences, immigration, for example. The downturns in between have often been marked by social unrest and even violence. The fighting associated with the union movements of the 1930s and the racial riots in 1943 and 1967 have some direct basis in the economics of their day.

The wheel has turned. Today health care is the principle driver of Michigan's economy. According to the March 2010 report produced by the Partnership for Michigan's Health, consisting of the MSMS, MHA and MOA, health care is Michigan's largest private sector employer and has been for the last several years. Health care provides 526k direct and 388k related jobs in Michigan accounting for $45B of wages and benefits. Michigan health care accounts for over $12B in total taxes paid to the federal, state and local governments. The totality of wealth created by Michigan health care includes the great academic and biomedical research centers, the executives who command multi million dollar salaries, the learned and caring profession of nursing and the entry level service jobs. This is real treasure. It is Michigan's wealth and it is not easily outsourced.

But what of our role in health care? Michigan physician offices account for 265K total jobs and $15B wages per year, second only to hospitals. But is that our only purpose? Is that why we spend years and decades in training finishing encumbered by an average $200K debt? Are we mere commodities in this economic cycle, to be traded by universities or hospital systems? "I've got a put on cardiologists." "We're shorting neurosurgeons in favor of a more diversified, primary care portfolio." No, it's not as bad as that. Is it?

Physicians are talented, educated, dedicated, and compassionate people. But are we truly leaders of health care in a larger sense? We have only to examine our role in the recent passage of national health care reform to find the answer. The many perceived and real inadequacies in U.S. health care led to the cry for reform. The U.S. spends 17% of its GDP on health care, yet 45M of its citizens were without

health insurance. The U.S. biomedical training and research community is the best in the world. Its dominance in Nobel prizes awarded to American physician researchers is only one of many measures of this. Yet measures of population health, especially here in Michigan lag behind nations with far fewer resources invested in health care. The U.S. public believed there was something basically wrong with the way the U.S. "does" health care. The current elected government in Washington recognized the time was right to enact major reform legislation for the public good and, of course, political gain.

The year leading up to passage of the "Affordable Health care Act" of 2010 was an amazing lesson in civics or "sausage making." We learned, for example, that in issues of such magnitude it is necessary to first pass a 2000 page bill in order to subsequently find out what it contains. Many voices were raised from polished lobbyist on the Hill to angry constituents "back home." Physicians were part of the lobbying process. Leaders and lobbyists of the AMA, state medical societies including the MSMS and numerous specialty societies shuttled to Washington frequently during the debate. Were we the leaders we think we are or should have been? In my opinion, no, we were not.

The act will eventually extend insurance coverage to 32M of the 45M U.S. uninsured. They will be enrolled in the state Medicaid programs. The sustainable growth rate mistake in Medicare reimbursement was not addressed in this act. It remains to be addressed. There is money made available for alternative liability demonstration projects, but no federal liability reform was enacted. Some physicians argued that liability adds real cost to health care, cost containment being the overarching issue to be addressed according to our elected officials. But at one point such an official told our leadership to basically "shut up" about the liability issue.

Hardly a way to treat leaders in health care. But if physicians are marginalized in the debates that will so impact our patients and our profession the fault lies not in our stars, but in ourselves. When physicians went to lobby they went with too many opinions and too few dollars. We are a house divided, and a poor one at that. Primary care physicians press for the "patient centered home." State societies argued against sweeping federal reform. Surgical societies proffered stringent liability reform as the key to driving down costs and expanding access. Primary care and specialty societies openly debated which should receive increases in limited insurances dollars. The AMA attempted present a unified set of guidelines for health care reform but was undercut by the fact that everyone in Washington knew the AMA only represents about a quarter of the physicians practicing in the U.S. The AMA lobbyists were out spent 100 to 1by the insurance industry at the height of the debate. So we continue to receive the government we deserve.

If history teaches us anything it is that we seldom heed its lessons. Here in Michigan, health care may be the economic driver but evidently it is not driving hard enough. The State once again finds itself in a severe economic downturn. Fifteen percent of our workers are unemployed. The state budget faces a $1B or so shortfall in the coming fiscal year. Of the 10M souls living in Michigan 1.7M rely on Medicaid for insurance while 1.3M have none at all. Soon The Affordable Health care Act will move many of the uninsured into the Michigan Medicaid program. The MSMS has long recognized that Medicaid is a broken system often acting more as a barrier to patients receiving needed care and paying physicians 18c on the dollar when that care is provided.

What do our state legislators hear from physician leaders. "We need a tax on physicians to subsidize Medicaid by drawing down Federal matching funds." "No physician tax." We are a house divided. Unless the physicians can learn to speak to non physicians with one voice we will not be true leaders of

health care. There will always be strong disagreements among physicians as to the best way to proceed. This is true for the treatment of back pain and it is true for the funding of Medicaid. But the policy of the MSMS is clear: "MSMS is opposed to a provider tax in any form." The MSMS is a free, representative democratic organization. The majority may change MSMS policy based on popular opinion and sentiment. When unanimity is impossible, to acquiesce to the will of the minority points the way to anarchy. It further marginalizes physician leadership of health care.

There are many other issues facing Michigan health care which call for strong physician leadership. Public health issues like the Ron Davis Act to ban smoking from bars and restaurants would not have been possible without such leadership. But there is more to do. Who will cry out for healthier lifestyles, "Healthy Kids", and how to best achieve them? Who will define coverage in a "basic benefits package"? Who will delineate the scope of the practice of medicine, calling to "educate, not legislate"? Who will lobby for the dollars to pay for IT and other practice mandates? And who will lead the fight for an equitable, sustainable way to fund Michigan Medicaid?

The MSMS has the human resources, the robust communication network and the physician leaders to answer those and other challenges facing us today. Go back to your practices, your hospitals, universities and physician organizations and tell them what we have. Ask them to join us. Implore them as I implore you to speak with one voice. We are not enemies, but friends. Let us therefore listen to the angels of our better nature, lead health care in Michigan, and bring the further blessings of Providence to our beloved wilderness.