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THE ROLE OF IMS IN HEALTH REFORM

IMS bases its health reform advocacy efforts on policies developed by our members. IMS believes that all Iowans are entitled access to affordable, high quality health care services. IMS also believes that the government, employers, providers of health care, payers, and individuals share the responsibility to ensure access to care.

IMS supports Iowa's notable health care achievements, including the expansion and streamlining of access for children eligible for *hawk-i* and Medicaid. IMS members continue to serve on a variety of legislative advisory councils that are examining ways to further improve Iowa's health system in areas including: patient-centered medical homes, health information technology, expanded health care coverage, chronic care and prevention, and Medicaid quality. IMS supports these elements as a foundation for reform but acknowledges that state budget constraints may delay progress. In spite of this obstacle, IMS remains committed to reasonable reform initiatives.

Congress also continues to debate legislation that would expand health care coverage for the nation's uninsured. Some initiatives incorporated into legislation are supported by physicians, while others are not. IMS remains in continual contact with Iowa's Congressional Delegation to educate our leaders and to ensure the voice of Iowa's physicians is heard clearly during the debate.

As Iowa and the nation consider changes to our health system, IMS will be at the table advocating the needs of Iowa's physicians and their patients. Together, we will analyze options, offer recommendations, and collectively work toward sensible reform.

To learn more about IMS advocacy efforts, visit www.iowamedical.org.

IOWA MEDICAL SOCIETY WHAT WE BELIEVE

2010



IMS

IOWA MEDICAL SOCIETY

IMS

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WE ASK: IS THIS PROPOSAL GOOD MEDICINE?

The Iowa Medical Society (IMS) is a nonprofit membership association of over 4,600 Iowa MDs and DOs representing a full range of medical specialties. The core purpose of IMS is to assure the highest quality health care in Iowa through our role as physician and patient advocate.

Both the IMS House of Delegates and the Board of Directors set IMS policy. Members of the IMS House of Delegates meet annually and are drawn from physician representative groups such as county medical societies, medical specialty societies, and medical clinic systems. The Board of Directors, comprised of physicians from across the state, is the governing body of IMS and sets policy throughout the year. This policy serves as the framework for IMS activity.

Advocacy at the state and federal levels is central to the IMS core purpose. That advocacy – whether an issue of patient care, public health, medical liability reform, access for the uninsured, health insurance contracting fairness, medical practice regulation, fair physician reimbursement, or scope of practice – is governed by the simple philosophy of providing fellow Iowans with access to the highest quality health care.

The IMS policymaking bodies and this advocacy agenda ensure that IMS promotes and supports policies that are “good medicine” for Iowans.

For more details on 2010 IMS priorities and other health care issues, log on to www.iowamedical.org.

ENSURE ACCESS TO CARE

Medicare – IMS supports federal legislation to create and stabilize equity in Medicare reimbursement for physicians. According to a recent report by the Commonwealth Fund, Iowa ranks second in health care quality, yet Iowa’s physicians receive among the lowest reimbursement in the nation. Practice data from the AMA show little distinction in physician practice costs nationwide. Consequently, disparities in the existing Medicare payment formula – under which Iowa physicians are particularly harmed – cannot be justified.

Medicaid – IMS supports equitable payment for physicians providing care to Medicaid members. Iowa’s Medicaid providers are reimbursed below already insufficient Medicare payment levels and face rising costs and increased administrative burdens. IMS opposes any cuts to reimbursement rates, as they would significantly impact an already fragile health care system and could impact access to physician services for Medicaid members.

hawk-i – IMS supports public policies and funding that promote quality, continuous health care coverage for all children.

PROMOTE PUBLIC HEALTH AND SAFETY

Reach Out and Read – IMS supports the appropriation of \$250,000 to the Iowa Chapter of the American Academy of Pediatrics to utilize pediatric health care to promote childhood literacy, a key indicator in future educational success.

Mental health and substance abuse parity – IMS supports full parity between mental health/substance abuse and physical health benefits to ensure better access to care.

Health information technology (IT) – IMS supports initiatives that fund, support, and promote adoption of health IT in Iowa, which could lead to a statewide electronic health information exchange. IMS seeks to ensure that physicians have access to electronic health record systems to further improve health care quality and safety.

Chronic interventional pain management – IMS supports regulations that declare chronic interventional pain management as the practice of medicine. While highly trained and respected by physicians, allied health practitioners (AHPs) do not have the education and training to engage in this highly complex medical subspecialty. AHP practice in this specialty increases the likelihood of inappropriate and ineffective care for an already vulnerable patient population.

Pharmaceutical management – IMS opposes mandated “academic detailing” programs that force physicians to focus on cost controls rather than improved patient care when prescribing medications. Furthermore, IMS opposes an expanded scope of practice for pharmacists in “medication therapy management” programs. IMS believes these activities should only be performed within a physician-led team, which is consistent with the patient-centered medical home model of care.

Office of State Medical Examiner – IMS supports efforts to strengthen the Office of State Medical Examiner to assure quality forensic services in Iowa.

PROVIDE QUALITY CARE

Iowa Healthcare Collaborative (IHC) – IMS supports continued funding of IHC. IHC was created as a joint effort of IMS and the Iowa Hospital Association to improve health care quality, patient safety, and value. IHC’s initiatives focus on provider-directed efforts to facilitate engagement, communication, data sharing, and best practices.

Scope of practice – IMS supports the important role allied health practitioners (AHPs) play in the health care delivery system but opposes efforts to expand scope of practice in ways inconsistent with Iowa’s long-standing commitment to quality medical care. Iowa law is clear that only licensed physician MDs and DOs are comprehensively trained health care practitioners who can practice medicine. With patient safety in mind, IMS carefully scrutinizes efforts by AHPs to expand their scope of practice and will oppose inappropriate expansions.

REFORM MEDICAL LIABILITY SYSTEM

Sensible reform – IMS supports proposals to improve Iowa’s tort liability climate and will vigorously oppose any changes that work to undermine it. A sensible aspect of reform is a certificate of merit (COM) requirement for medical malpractice claims in Iowa. A COM law would require an impartial medical expert to certify – at the time of or prior to filing a lawsuit – that a plaintiff’s injuries could have resulted from substandard care. A COM law would prevent wasteful litigation by filtering lawsuits that are unnecessary or without merit.

STRENGTHEN INSURANCE OVERSIGHT

Uniformity, transparency, and fairness – IMS supports legislation and regulations to specifically implement initiatives that promote uniformity, transparency, and fairness in health plan practices that impact physicians and hospitals. These efforts maximize time and resources for the direct delivery of medical care.