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NEWSLETTER

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when minutes count

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PRESIDENT'S MESSAGE

The Right Change for the Right Reasons

hen I emigrated to the United States from Canada in the 1990s, it seemed as though substantive change in

the U.S. healthcare system would never come. Hillary Clinton's bold proposals had been roundly defeated and there appeared to be little appetite for a plan to provide universal coverage for all Americans. The Los Angeles County/USC Medical Center where I work was crumbling from within, and foreign medical students that came to observe remarked that our facility reminded them more of their developing-world electives in Africa than of their home base hospitals in Europe.

What a difference a decade has made. Now, we appear to be on the precipice of real change. A new government is taking shape in Washington with a mandate for healthcare reform, and the American Medical Association is running an advertisement campaign entitled "Voice for the Uninsured." At the Los Angeles County/ USC Medical Center, we have moved into a beautiful new one billion dollar replacement facility, which is now the same gleaming testament to our highest ideals that the old Art Deco building must have been during the Great Depression, towering over downtown Los Angeles.

It is somewhat ironic that during our many years of national surplus and excess, we did so little to address the problem of uninsured and underinsured patients – one might expect that such initiatives would

come when times are good. But with the recent economic downturn, people are losing their jobs, their homes and their medical insurance.



We are seeing

more and more patients in the emergency department at the county hospital that one wouldn't normally expect to see – people with complex organ transplants and in the middle of extensive cancer treatments that have suddenly found themselves with nowhere else to turn.

We also know that little has changed with regard to the vital signs of our patient population. You have all heard it by now from a variety of sources. We lag behind most developed nations on multiple healthcare indices including preventable mortality, basic preventative care and access to timely care. We are also the only developed nation where hundreds of thousands of people must claim personal bankruptcy due to outstanding healthcare bills. And all of this is going on despite the fact that as a nation we spend a wildly disproportionate and ever-increasing amount on healthcare – approximately double what other developed nations spend.

As belts tighten and budgets shrink, we as emergency physicians will naturally feel

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the squeeze. Although emergency physicians have been at the forefront of advocating for universal health coverage, I worry that this may not always be for the right reasons. It is important to me that we are properly reimbursed for our hard work. It is also important that insurers that cut special deals with provider groups to maximize their profits do not take advantage of our mandate to provide care for all who pass through our doors. But it is equally important that our patients do not have to worry about being able to access basic medical services. No one should have to weigh the odds of receiving a bill that they can't afford against their decision to seek care in an emergency department. Not in a country as wealthy as ours.

For the past several years, when the subject of healthcare reform arose during our CAL/AAEM Board meetings, I resisted resolutions that advocated making a stand for specific changes in our healthcare system. My concern was that this was beyond the scope of our mandate and may have risked alienating a portion of our membership, whose politics are as varied as the general population. But now that it appears that we may actually be on the verge of a substantial change, I have begun to reconsider this position. If we aren't directly involved with the process, it will simply happen around us.

We on the board of CAL/AAEM also represent diverse backgrounds and political viewpoints. But we all agree on

one thing – that all Californians are entitled to access quality medical care, regardless of their monetary means. We also share the belief that change must be grounded firmly in our desire to provide the best care for all of our patients, and that our positions must go beyond our own financial interests.

It will be exciting and interesting to see what evolves with the new federal administration and the new appointments in the healthcare policy arena. As the debate evolves, we at CAL/AAEM intend to weigh in and make our voice heard. We also want to hear from you, our membership. Please feel welcome to share your views and concerns with us as we explore ways that we can be part of this process.

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