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Alliance of Specialty Medicine Testifies at Senate Hearing:

*Details specific reasoning for specialists to remain part of
a vibrant health care reform package.*

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Washington, DC – At a hearing today in the Senate Health, Education, Labor and Pensions (HELP) Committee, Steve Schlossberg, M.D. offered detailed testimony on the critical role of specialists in today's health care system and asked that Congress not try and divide medicine by strengthening primary care at the expense of specialty care.

“Effective partnerships between specialty care and primary care are absolutely essential to the delivery of high quality, cost effective, patient centered care,” said Schlossberg, a practicing urologist from Norfolk, VA.

Schlossberg offered concrete examples and published data on how the work of specialists has achieved better outcomes for patients.

- An article in the American Journal of Medicine found that primary care providers often lack adequate rheumatologic training and are therefore less skilled in the diagnosis, and management of arthritis and other rheumatic and musculoskeletal conditions. This may result in more tests, medications and follow up visits to the primary care physician versus the trained rheumatologist, causing the care to be more expensive and lower in quality.
- A recent study in the Journal of the American Medical Association (JAMA) detailed outcomes for implantable cardioverter-defibrillators (ICDs) used in cases submitted to the ICD registry. Overall implantations by a non-electrophysiologist were associated with a higher risk of procedural complications compared to ICDs implanted by an electrophysiologist.

However, specialists also are working in concert with primary care physicians to ensure appropriate referral and promote continuity of care. For example, the American Urological Association has spearheaded a free continuing medical education update tailored exclusively to primary care practitioners on major urologic conditions and the National Association of Spine Specialists is providing clinical guidelines to spine care providers and is also offering performance measurement activities, input into government and payer health policy and coding. The American Gastroenterological Association provides educational materials for primary care providers on several GI conditions. These are just a

few examples of the kinds of essential exchange of clinical knowledge and practice expertise that specialists are proactively providing to primary care professionals to promote cost effective, timely, efficient and clinically appropriate patient care. Other Alliance member organizations also have developed similar tools for primary care physicians and believe that such fruitful and functional partnerships be explicitly recognized and actively fostered by supportive government policies that unite diverse segments of medicine around the *patient as the center of attention*, rather than artificially, through divisive payment policies and arbitrary definitions, perpetuate dysfunctional silos of care that both patient and physician must struggle to navigate.

Schlossberg, testifying on behalf of the Alliance of Specialty Medicine also discussed how certain reform provisions being discussed might adversely affect patients. For the health care delivery model known as the Patient-Centered Medical Home, the current CMS-proposed model does not include all qualified physicians to coordinate care. Urologists, for example, may be the most appropriate Medical Home for patients with certain urologic conditions, but since they are a surgical specialty, are excluded. Government should not be deciding which providers are most appropriate. Rather, patient-centered care should be built around individual physicians, in consultation with their patients, making decisions about the individual's health care needs.

Finally, Schlossberg referred the committee to a report of the Council on Graduate Medical Education which detailed the clear need for specialty physicians in rural America and other underserved areas. It takes more than a decade to produce a specialist and the Bureau of Health Professionals is projecting a significant decline in surgical specialties. A healthcare reform package, which penalizes specialists, will only increase that projected decline.

“Not everything can be prevented,” Schlossberg said. “People get sick. They need specialists. They need surgeons. They need hospitals and emergency rooms.”

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The Alliance of Specialty Medicine is a coalition of national medical specialty societies. This non-partisan group is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care.