



AMERICAN OSTEOPATHIC ASSOCIATION

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George Grob  
Executive Director  
Citizens' Health Care Working Group  
7201 Wisconsin Avenue  
Suite 575  
Bethesda, MD 20814

Dear Mr. Grob:

As President of the American Osteopathic Association (AOA), which represents the nation's 59,000 osteopathic physicians, it is a pleasure to submit our comments on the Interim Recommendations of the Citizens' Health Care Working Group.

We appreciate the substantive work that the Working Group has done in preparing its recommendations. Many are consistent with AOA policies and provide a framework for addressing this important and complex issue. We look forward to working with you in strengthening the proposal prior to being finalized.

Please let us know if we can be of further assistance.

Sincerely,

John A. Strosnider, D.O.  
President

**Recommendation: Guarantee financial protection against very high health care costs**

The AOA agrees that it is in the best interest of individuals, families, and the overall health care system to ensure that individuals without comprehensive health insurance, at a minimum, have catastrophic health insurance. This will protect the individuals and the health care system from substantial economic losses as a result of catastrophic health events.

**Recommendation: Support integrated community health networks**

The AOA supports the expansion of Community Health Centers, Rural Health Clinics, and other federally qualified health delivery sites that increase access to health care for vulnerable populations. Additionally, we believe greater attention must be paid to ensuring that the health care system operates in a “fluid” manner, meaning that the transition from acute to ambulatory care encourages positive outcomes.

We agree that many populations, especially rural and minority populations, experience difficulty in accessing needed healthcare services. The AOA supports (1) initiatives that increase access to healthcare services for all Americans regardless of race or socioeconomic class; (2) efforts to expand outreach to culturally diverse populations, including enhancing research efforts and improving healthcare options in communities where incidents of certain healthcare conditions are more prevalent than in the community as a whole; (3) increased funding for programs targeted at minority populations, which decrease infant mortality rates and increase immunization and access to other preventive healthcare services; and (4) early intervention and treatment programs for minorities suffering from breast cancer, hypertension, diabetes, prostate cancer, alcoholism, and other diseases that disproportionately affect minority populations.

**Recommendation: Promote efforts to improve quality of care and efficiency**

The AOA is dedicated to improving the quality of the nation’s healthcare delivery system. The AOA recognizes that medical errors and adverse events occur and is committed to reducing these occurrences. Additionally, we believe that it is the delivery system and not physicians alone that are the source of adverse events. We support the implementation of systemic procedures and policies that improve the quality of the healthcare delivery system.

The AOA supports the establishment of a databank designed to evaluate adverse events across the country and that produces reports designed to assist others in preventing similar occurrences, such as those authorized through the Patient Safety and Quality Improvement Act (Public Law 109-41). The reporting of such events should be exempt from discovery and contain legal protections for all parties involved. Additionally, the AOA believes that all information reported should be exempt from discovery under the Freedom of Information Act (FOIA).

The AOA recognizes that quality improvement is an important and worthy objective. As a physician organization, we are committed to ensuring that all patients receive the appropriate health care based upon their medical condition and the latest research information and technology. The AOA recognized the need for quality improvement and the national trend

toward quality improvement programs. In response, we took several steps to ensure that our members were educated, aware, and prepared for these new programs.

In 2000, building on the hypothesis that some barriers to transforming evidence into practice may begin during physician post-graduate training and that measurement is key to identifying opportunities for incorporation of evidence based measures into practice, the AOA launched the Clinical Assessment Program (CAP). The CAP measures quality improvements in current clinical practices in osteopathic residency programs. The goal is to improve patient outcomes by providing valid and reliable assessments of current clinical practices. The CAP is able to collect data from multiple clinical programs and provide information regarding performance back to participating programs. This allows for evaluation of care provided at a single practice site in comparison to other similar practice settings around the region, state, or nation. The program has been widely praised and is starting to produce data on the quality of care provided. The CAP program became available for individual physician practice in September 2005.

The AOA agrees that a viable interoperable health information system is key to improvements in patient safety and the implementation of quality improvement programs. Our main focus is ensuring that software and hardware used throughout the healthcare system are interoperable. There is no benefit to be found in the utilization of systems unable to communicate with others. Additionally, the AOA believes strongly that such systems must not compromise the essential patient-physician relationship. Medical decisions must remain in the hands of physicians and their patients, independent of third-party intrusion.

**Recommendation: Fundamentally restructure the way that palliative care, hospice care, and other end-of-life services are financed and provided, so that people living with advanced incurable conditions have increased access to these services in the environment that they choose.**

The AOA supports creation of programs to train health care professionals on end of life issues. Our Council on Palliative Care Issues recently released the Osteopathic Education in Palliative and End-of-Life Care (EPEC) Modules for public use and information. The Council also produces a seminar on End of Life Care in conjunction with the annual AOA convention. Currently, the AOA is developing a Certificate of Added Qualifications in Palliative Care as part of the AOA board certification process.

**Recommendation: It should be public policy that all Americans have affordable health care.**

The AOA agrees that improving the nation's health care system and the overall health of our citizens is a worthwhile public policy goal. The AOA supports the ability of all Americans to obtain health care coverage. Coverage can be provided through federal and state programs, private programs, or a combination of the two. The AOA supports the use of the tax code (tax credits and deductions), new purchasing agreements, and the limited expansion of existing federal and/or state programs (including Medicare, Medicaid, and SCHIP) to accomplish this goal.

The AOA is opposed to measures that aim simply to “control costs.” Instead of focusing on the costs of healthcare, attention should be paid to the quality of care provided, the overall health status of the patient, and the long-term impact on the patient and the delivery system. The AOA agrees that individuals must have access to essential health care services independent of financial constraint. However, we also believe that individuals have a personal responsibility to participate in their own health, which includes financial obligations for care provided to the extent feasible. The AOA supports “universal healthcare coverage” (UHC) in which all Americans have access to health care coverage. Universal coverage, however, should not be confused with single-payer healthcare systems. Rather AOA views UHC as increased expansion and utilization of current public and private insurance systems to improve the overall health of the nation and its citizens.

Above all, the physician-patient relationship must be protected. Physicians, in cooperation with their patients, must maintain a high level of autonomy to control the healthcare services provided. Federal policies must not interfere with laws governing patient protections or healthcare rights. Policies should support the ability of physicians, hospitals, and other healthcare providers to provide care to patients. Physician compensation for care provided must not be jeopardized by federal, state, or local policies.

**Recommendation: Define a “core” benefit package for all Americans**

Given the diverse demographic composition of the United States, the AOA does not believe that a core benefit package is economically or administratively feasible. Instead, we support the ability of the private market to develop benefit packages that offer a variety of health care options more suited for the individual. We do believe that a core benefit package may be appropriate for certain public health programs, such as Medicare and Medicaid, but these programs should be afforded flexibility in benefit design as well.