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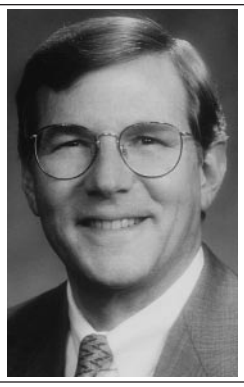

President's Page: Looking Back . . . Looking Forward

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Once again we arrive at that annual season of taking stock: examining our progress over the past year, and considering the new year ahead with a mixture of determination and trepidation. What will it hold? Will we make better decisions than in the past? Will we remain true to our "resolutions" to improve ourselves and our circumstances?

Just as each of us works our way through this exercise, the American College of Cardiology (ACC) could be said to face a similar reality check: What did we learn in 1997? And what will we do differently in 1998?

The past year—1997—was unique in the history of the ACC. Within those 12 months, we joined in a legislative and regulatory battle that was quick, fierce and momentous. As the smoke has cleared, we have felt cautiously optimistic about the outcome. There were serious losses, especially for our colleagues in cardiac surgery, with the decision by Congress and the Health Care Financing Administration (HCFA) to go to a single conversion factor for Medicare payments to physicians. But there were small victories—and others not so small—that give us some cause to enter this new year with measured enthusiasm.

Taking stock of 1997 from the perspective of the ACC requires, first and foremost, a focus on that struggle over practice expense reimbursement. We began the year knowing that HCFA was planning to implement a congressionally mandated change in practice expense reimbursement that would use the kind of "resource-based" values for practice costs that had already been put in place for "work" (the actual cognitive and skill-based practice of health care). When the community of medical specialists saw the numbers—the questionable data and flawed methodology—we had to speak out, and we were galvanized to take action. Changes are acceptable, or at least palatable, if they are rational; but the proposed changes were arbitrary, apparently irrational and accompanied by bureaucratic excesses of the worst sort.

The ACC joined a couple dozen other specialty groups to form the Practice Expense Coalition and set about trying to work with HCFA to bring order to the chaos of its calculations. At the same time, we immediately went to Capitol Hill, using the best team of advocates we could find to quickly inform, educate and persuade Congress that its original intent of fairness was about to be turned on its head.

Fellows of the College have watched closely the developments of this struggle. More important, you have participated, meeting with your members of Congress at home or in Washington, D.C., serving on committees and task forces to review the data and contribute strategy to our effort, and writing letters and making calls to urge accountability in the government.

To some degree, we have been successful. The threatened reduction in the practice expense component of Medicare reimbursement is still a reality to come, but it is more moderate for some in our ranks. We were able to get a year-long delay in initial implementation and a four-year period of transition to full implementation. And perhaps most encouraging, we engaged HCFA and Congress to the point that they agreed to reevaluate the proposed changes in a more realistic and responsible manner.

We did not escape unscathed. Cardiac surgeons will suffer the impact of a single conversion factor. And we will all fund the "down-payment" to primary care physicians that was the political price of short-term victory.

At this point, looking back on 1997, battered and bruised, we can say that we won a partial victory on the political and regulatory fields of battle. But like other of life's lessons, this one mandates renewed vigilance and focus in the year ahead. In the coming year, we must resolve together to retain our commitment and sustain our engagement to keep Congress and HCFA true to their pledge to reevaluate and improve the quality of decision making at HCFA.

I believe that the experience of the practice expense struggle of 1997 provided important insights into the nature and significance of the challenges that lie ahead. As I prepare for 1998, I am more aware of the external forces that will forever shape the way we practice medicine. In 1997 we

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successfully delayed a radical retrenchment, but what HCFA did, and the way it was done, would have been unthinkable a couple of decades ago.

As we look toward the millennium, we can all see how advanced will be the state of governmental influence on our professional lives, mirrored by the private sector restructuring of health care. When we take stock at the end of this century, what will we recall from the past as our best moments? What will we say were our successes and failures? I believe there is still time to augment that list in 1998. I believe that in the next two years we will face continuing challenges from government and the marketplace of health care that will test the creativity and ingenuity of all of us in this uncomfortable political and regulatory arena.

The significance of practice expense reimbursement as an issue will continue—in fact, it is guaranteed to continue in the delay, transition period and reevaluation that Congress mandated. The cohesion of the coalition will be tested as various specialties calculate the impact of any new proposal by HCFA on their constituencies and consider their most viable "exit strategies" in the debate. And the isolation of this issue from public interest will make it difficult to raise the awareness of potential allies and to motivate active support for our point of view. It is, after all, inside the Beltway as a legislative and regulatory battle and inside the profession as a "budget neutral" economic question.

We have to ensure that HCFA really has listened to Congress. We must be vigilant to confirm that it has truly changed its tune on the critical matter of how reimbursement is calculated. We have to see better, verifiable data used to make the critical decision of who gets how much, because it will have a permanent effect on the affordability of a practice and, ultimately, the overall quality of the care and service patients receive.

Early indications are that the agreements that ended the struggle are holding. The coalition continues to keep a watchful stance toward HCFA, and the agency has asked the College and others to provide data and information that show how employees are utilized in out-of-office settings. It appears that a greater degree of integrity has returned to the regulatory process. We think that Congress is once again paying attention to the fulfillment of its original intent. So far, so good.

All this says, however, is that one of our resolutions for 1998 and beyond must be to adapt our ad hoc response of last year to a permanent state of readiness as we move into the new century. This next decade will provide new challenges for the world of patient care. We will experience a world from which there is no return to the past, so we need to shape that world to the best of our abilities. We are living through an historic time in the evolution of cardiovascular care, not only in our scientific, clinical and quality improvements, not only in education and skill, but also in the way we manage the practicalities of taking care of our patients. Looking forward reminds me that there is little that is as predictable as change; that new and sometimes frighteningly real challenges will confront us; and that our readiness to step up to the uncertainties with energy and intelligence is our best investment for a better world.