VMS RESOLUTION
IMPROVEMENT OF VERMONT'S HEALTH CARE SYSTEM

As amended and passed by VMS Council, October 18th, 2003

WHEREAS, in 1992, the Vermont Medical Society issued "A Call For Health Care Reform" and it made a commitment to active participation in the reform of the health cares system. It stated the consensus of the VMS Council was "that all Vermonters must have access to health insurance in an expeditious but responsible time frame;" and

WHEREAS, the U.S. Census Bureau reported the number of uninsured Americans rose by 2.4 million in 2002 to 43.6 million people. For the second year in a row, the overall decrease in coverage was attributed to a drop in the percentage of people covered by employment-based health insurance, down to 61.3% from 62.6% in 2001; and

WHEREAS, the Final report issued on December 4, 2001 of the Governor's Bipartisan Commission on Health Care Availability and Affordability, "The Hogan Commission," found significant numbers of Vermonters find that health insurance is financially inaccessible; the health insurance coverage they have is no longer affordable; and, the health insurance coverage they have is insufficient because of limits, deductibles, and exclusions; and

WHEREAS, the Commission further found that some independent health care providers are experiencing or in danger of experiencing financial difficulties that would jeopardize their ability to care properly for their patients and also jeopardize the economic survival of their institution or practice; and, that the current health care coding, authorization and payment process is complex, opaque, outmoded, and prone to error, creating costly and inappropriate administrative burdens and patient accessibility barriers; and

WHEREAS, in the Institute of Medicine 2001 report "Crossing the Quality Chasm: A New Health System for the 21st Century," the IOM proposes six aims for improvement to address key dimensions in which today's health care system functions at far lower levels than it can and should. Health care should be:

Safe—avoiding injuries to patients from the care that is intended to help them.

Effective—providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).

Patient-centered—providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Timely—reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient—avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable—providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status; and

WHEREAS, the IOM further found that a health care system that achieved major gains in these six dimensions would be far better at meeting patient needs. Such a system would also be better for clinicians and others who would experience the satisfaction of providing care that was more reliable, more responsive to patients, and more coordinated than is the case today; and

WHEREAS, in the Institute of Medicine 2002 report "Fostering Rapid Advances in Health Care, " the IOM states that "the current liability system hampers efforts to identify and learn from errors and likely encourages defensive medicine. Legal fees and administrative expenses

consume half the cost of liability premiums. Volatility is liability insurance markets has led to escalating malpractice premiums in certain geographic areas, precipitating closure of practices and shortages of certain types of specialists and services;" therefore be it

RESOLVED, that the Vermont Medical Society will actively work to improve Vermont's health care system by:

- **Promoting universal coverage, which ensures access;**
- **Eliminating the under-reimbursement of health care practitioners and health care facilities by the Medicaid and Medicare programs;**
- **Maximizing the percent of health care dollars that support direct provision of patient care;**
- **Supporting evidence-based medicine;**
- **Aligning payment policies with quality improvement;**
- **Encouraging a collaborative, multidisciplinary process in the treatment of chronic conditions;**
- **Creating a legal environment that fosters high quality patient care and relieves financial strain and administrative burden for physicians; and**
- **Supporting healthier lifestyles, through incentives for identified health risk avoidance; be it further**

RESOLVED, that the Vermont Medical Society will actively collaborate with other health care organizations, consumer groups, business groups, public and private purchasers, and state and federal agencies in order to reduce the burden of illness, injury and disability, and to improve the health and functioning of Vermonters; and be it further

RESOLVED, that the Vermont Medical Society will assess its progress in achieving these goals by utilizing the Institute of Medicine's six major aims for health care improvement.