

Jeff Susman, MD
Editor-in-Chief



A 2012 health care wish list

It's that time of year—top 10 movies, holiday book lists, and hopes for the future. Here, now, is my 2012 health care wish list.

10. Permanently solve Sustainable Growth Rate (SGR) mayhem. To avoid the time and money wasted on the annual ritual of rescinding cuts to Medicare payments to physicians, let's own up to the challenge and fix the SGR dilemma for good.

9. Sufficiently fund the NIH. The economic payoff of strong biomedical science is impressive. Yet ongoing cuts to the NIH threaten a generation of researchers and keep us from reaping the benefits of the medical breakthroughs their work could provide.

8. Make medical "smart cards" mandatory. How come I can get money from a machine in Honduras, but I have to answer the same basic questions 3 times during a single medical encounter? Let's require all health insurers, public and private, to put basic clinical information (a mini continuity-of-care record) on a card that is swiped at each visit—and stop worrying about "invasion of privacy."

7. Stop the impending medical education crisis. Unless we invest in a system that favors primary care training and eliminates inequities, there will soon come a time when applicants for US residency programs outnumber residency positions.

6. Compare physician quality in a meaningful way. It's time we focus on assessing outpatient care and physician quality using transparent, nationally vetted, and publicly reported measures.

5. Integrate primary and mental health care. Let's provide incentives and initial capitalization to make this a reality—and ensure that every patient with both a chronic medical condition and a serious mental illness receives comprehensive care.

4. Pay us what we're worth. Revalue primary care physician services, particularly E and M codes, to reflect the importance of preventive and chronic care. Start paying for care management and coordination, phone calls, and other non-face-to-face services.

3. Replace patient satisfaction surveys. Establish a national system for assessing the experiences of Medicare and Medicaid subscribers. It's time to develop a validated tool to replace patient satisfaction surveys of dubious stringency.

2. Eliminate pharmacy benefit managers (my favorite target). In my experience, PBMs do precious little to enhance health care. It's high time an investigative reporter took on this hidden detriment to our patients' health.

And now, to No. 1. (Drum roll, please):

1. Establish a basic universal health care package for every US citizen. It's time our nation caught up with other industrialized countries and began providing health care for all.

I suspect—actually, I *know*—that many of you won't agree with the items on my list, especially No. 1, and will have completely different items on your 2012 wish list. I encourage you to let me know what they are. In the meantime, my best wishes for a healthy and prosperous New Year to you, your families, and your patients.

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