

Why FITs Can Make a Difference in Health Care Reform

By Scott Chadderdon, M.D.

In September more than 250 members of the ACC gathered in Washington, D.C., for the 2008 ACC Legislative Conference. Among these members, 10 fellows in training (FITs) attended, thanks to scholarships provided by the ACC. On the initial evening an entertaining speech by Charlie Cook of *The Cook Political Report* set the tone for the political atmosphere in Washington, D.C. However, the second day offered quite a contrast with a sobering review of the health care challenges that face all Americans and the complexities of reforming the health care system.

Pollster Frank Luntz presented data indicating that the time to act on health care reform is now. In his report, Luntz found that 77 percent of the survey respondents were unhappy with the current health care system, and 86 percent felt that doctors and patient advocate groups should set the standards for measuring and reporting quality health care.

As fellows and young providers in a health care system that will undoubtedly change in our lifetime, the impetus is on us to be involved in health care reform at the ground level. Our involvement is critical.

While we were visiting congressional offices on Capitol Hill, I sensed that policy developers perceived physician advocacy groups as focused solely on protecting their paychecks. While reimbursement issues are significant, this stereotyped perception of the established cardiovascular community affects how these lawmakers hear our message.

Because young providers and FITs have not been part of the established CV community, we are well-positioned to break through this stereotype and effectively deliver the message that CV specialists are at the forefront of delivering cost-effective quality care through evidence-based medicine. Our involvement effectively demonstrates that our generation of physicians is focused on just and equal patient care. Our active involvement as the young members of the College will ensure a positive response from our lawmakers.

Although I cannot speak for all cardiology FITs, results of an informal survey I conducted at my institution indicated that 100 percent of FITs realize that the health care system must be reformed to ensure not only sustainability, but also — and more important — equal access to quality cardiovascular care. As young providers, our interests lie in our ability to treat all patients on a level playing field. Unfortunately with the current tiered health care system of uninsured, poorly insured and over-insured, there is no level field. One has to ask — why should I practice medicine differently among patients based on something as artificial as a bank statement or a pay stub?

Until there is a national conversation about the basic tenets of health care delivery as a right with inherent responsibilities or a privilege with inherent responsibilities, any reform passed will not hit the core concepts for which young providers strive — justice and equality in health care. While the 2008 Legislative Conference presented a balanced approach to reform based at the level of quality measures and cost control, this fundamental question was not addressed as it is beyond the scope of what the ACC has to offer.

Fortunately, FIT career choices, as the future CV medicine workforce, do not seem to be influenced by the overall state of health care at this time. As a group, our decisions to pursue advanced CV fellowship training or academic positions seem to be based on our aspirations and how we envision the scope and setting of our practice. They are less affected by the health care environment that surrounds us. However, in the rapidly changing economic climate, future health care policy decisions may indeed begin to affect how FITs approach the job market. For now though, FIT career decisions seem to be guided by ideals of equal access to high quality, evidence-based care for all Americans.

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ACC President
Doug Weaver, M.D., F.A.C.C.,
(center) with FITs at the 2008
ACC Legislative Conference