STS 50th Anniversary – Looking Back, Moving Forward

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“Every true history must force us to remember that the past was once as real as the present and as uncertain as the future.” – George Macaulay Trevelyan

Dr. John E. Mayer Jr.’s Presidential Address (Ann Thorac Surg 2009;87:1655-61) asks a very provocative question: “Is There a Role for the Medical Profession in Solving the Problems of the American Health Care System?” Dr. Mayer noted that it was interesting how many of the concerns discussed in presidential addresses 10 years previously, such as “issues of regulation and loss of autonomy and control over how patients are cared for, external scrutiny and accountability, funding issues and the costs of health care, and new technology and therapies and their implications for surgical practice,” were still being faced today. He also noted the “focus shifted to raising major questions about the quality of the care we deliver” and voiced his concern that “we have improved outcomes despite an older, sicker patient population, and yet Medicare reimbursement has been reduced. Much still seems beyond our control and is being imposed on us from outside.”

Dr. Mayer stated that physicians have two separate but interrelated roles: “One is to be a healer of the sick, and the second is to be a member of a profession.” He said that our current concerns were “the result of elements of both the bureaucratic and free market models being introduced into our relationship, between our profession and the society we serve.” He also said that “I do not think there is a high level of trust in the medical profession as a whole, although most say they trust their own doctors.”

He then went on to describe the forces unraveling the social contract between medicine and society. Dr. Mayer believed that it was critical to “focus on rebuilding the mutual trust and sense of partnership between medicine as a profession and society, because this mutual trust and sense of partnership is ultimately the basis for the social contract between medicine and society.” He recounted the advances brought on by the STS National Database, the Northern New England Cardiovascular Study Group, the Virginia Cardiac Surgery Quality Initiative, efforts to engage with the National Quality Forum, and efforts to link the Database to the National Death Index and the Medicare database to obtain long-term survival information. Importantly, he noted how the Database has been used to turn the conversation from “pay for performance” to “pay for participation.”

Dr. Mayer offered his ideas to change certain parts of this system to align financial incentives for our specialty with our responsibilities to society—without us compromising our ability to fulfill our healing function. He pointed out some of the fundamental conceptual problems of our Medicare system: the Sustainable Growth Rate formula for Medicare, how concern over “overspending” would not affect individual physician behavior, and the fact that “there is no incentive for the profession to engage in any self-regulation in this system, and there is no incentive to improve quality.”

As for fixes, he would “start by creating specialty-specific conversion factors” because they would provide “an incentive for the entire specialty to work together, to self-regulate, and to try to determine best practices based on data from outcomes-focused registries.” He also proposed “increased support and financial recognition for outcomes-focused
databases.” And finally, he said, “we will have to begin to do more to self-regulate,” adding that “it is probably not enough to convince those in government and in the payer community to leave self-regulation to us alone.” He admitted to an understanding that “it is difficult to reconcile competition with professional collaboration.” The solution to this dilemma, he said, is that “it is our collective professional responsibility to improve the care of the sick, and this involves learning from one another.”

Our responsibility to society involves an effort to “help solve the problems of escalating costs in health care. We understand firsthand how the system works or does not work” and we should be active in solving its problems. We should therefore: engage each other in discussions about our responsibilities to society; join STS; self-nominate to participate in STS activities; participate in the STS National Database; interact with colleagues at the local or state or regional level; engage in the political process; and “consistently argue for a health care system that engages us as members of a profession with responsibilities to our patients as healers but also with responsibilities to society as a whole.”

Finally, he stated that “by hanging together and remembering our common bond as members of our profession, we can withstand the external challenges to the practice of cardiothoracic surgery and begin to regain much of what it is we have lost. It will take a collective effort by all of us, each in his or her own way, but together, as members of a profession, we can do this.”