

## PRESIDENT'S MESSAGE

My fellow colleagues:

EHR, CPOE, PQRI, ICD10, ACO, MIPS (merit based incentive payment system), MACRA (Medicare access and CHIP reauthorization act), MOC, bundled payments, pay for performance, meaningful use. If you don't recognize those terms, consider yourself lucky. All different programs with the same connotation to the practitioner: more work, less pay, and, more importantly, no patient benefit. Physicians are skeptical of government initiatives rolled out under the guise of improved patient care. Did the ICD 10 "upgrade" lead us towards the CMS goal of improving patient care, access, and health while lowering costs? Likewise, does PQRI help provide better patient care? Do electronic health records allow for seamless access of patient records amongst different offices or hospitals?

The mission of the BCMA, since 1926, is to promote and preserve the highest standards of medical care and foster the ethical principles of the medical profession. It will be my goal as president to uphold these principles and strive to improve health care for our patients, providers and the community.

One thing we can likely all agree upon is that our current health care system needs improving.

Health care in the US is expensive. Nearly \$3 Trillion per year. 18% of GDP.

Physician compensation is somewhere between 5-20% of health care spending, depending on the study. While we are not the sole, nor even a significant part of the problem, we can, and should be part of the solution. We have the ability to streamline health care delivery, improve efficiencies and cut costs while still providing top notch health care that the American people deserve.

However, this has to be done with a win-win-win solution for providers, payers, and patients.

But we physicians face more serious problems than just bureaucratic red tape.

One of these issues is medical liability. A physician should not have to practice medicine always worrying if an unintended outcome, not of malicious intent or with deviation from the

standard of care, will prompt a lawsuit. And furthermore, if that lawsuit will cause financial hardship for his or her family. A 2011 NEJM article reported that 75% of physicians in "low-risk" specialties and virtually 100% of physicians in "high-risk" specialties could expect a malpractice claim during their careers.

Other studies depict that rising malpractice premiums for physicians and costly defensive medicine practices put additional burden on our already fragile health care system. Gallup and Jackson Healthcare in 2009 estimated between \$650-850 billion are spent each year due to defensive medicine practices. Their study concludes that opportunity exists to save \$6.5 trillion over the next 10 years. However, traditional tort reform will not solve this problem. It may reduce malpractice costs, but until physicians are protected from being personally financially liable for unintended mistakes and omissions, they will continue ordering unnecessary tests and treatments to avoid lawsuits. The BCMA is here to help shape future tort reform.

I would be remiss if I didn't discuss health care issues unique to Broward County. First, Broward county has experienced amongst the highest rates of new HIV and AIDS cases in the

United States. Groups who are disproportionately affected are men who have sex with men (of all races and ethnicities) as well as women of color. We must work collaboratively with our community outreach partners to help with their goal of "getting to zero".

Another pressing issue in Broward County remains drug abuse. Whether prescription narcotics from pill mills or flakka from the corner store, Broward county always seems to be at the forefront of some drug crisis. Now deaths from heroin and fentanyl are on the rise. While our organization may not prevent the next synthetic drug from reaching our county, the BCMA can be involved in assisting our government and partners in achieving a safer community.

Other, more contentious issues, are also discussed at the BCMA. Our Board of Directors have colorful discussions regarding medical marijuana, "docs vs globs", needle exchange program, scope of practice and the affordable care act. Our opinions reach the FMA, then the AMA and help shape national medical care discussions as they have done in the past. All BCMA members are welcome and encouraged to attend our monthly Board of

Directors meetings. In an effort to be more inclusive and expand our reach to more of the medical community, the Boards have approved affiliate membership for maxillofacial surgeons, podiatrists, and practice administrators who are employed by a BCMA member. Every one of our members, weather in solo or group practice, employed or contracted, student or physician assistant, can each offer a unique perspective on health care delivery. I guarantee this to be a fantastic learning experience for everyone.

Happy 90th birthday to the BCMA. Since its inception in 1926, the BCMA has always been and always will be on the side of physician health and safety. For without a healthy physician, you cannot have a healthy patient.

With that, it will be my honor to serve you as president of the Broward County Medical Association. Thank you.

Ralph Zagha, MD