



## **AMA Framework for Health System Reform**

### **Affordable Coverage for All**

We want all patients to have health insurance, with subsidies (in the form of tax credits or vouchers) for those who can't afford it.

We want patients to be in the driver's seat rather than government or employers.

We want families and individuals to be able to choose from a variety of affordable health insurance options.

We want those choices to be more affordable than they are now, and insurance market reforms are needed to make that happen.

Patients must retain the ability to choose their own doctor and be permitted to enter into private contracting arrangements with their physicians.

Medical decisions should be made by patients and their doctors, using the best possible information.

No one should be denied health insurance because of pre-existing conditions.

Ideally, we want patients to own their health insurance even if it's financed through their employer, so if they leave that job, the insurance isn't lost, just paid for differently.

### **Prevention and Personal Responsibility**

We want greater investment in prevention and wellness, so that preventable diseases attributed to obesity and smoking are avoided, thereby lowering future costs.

We want everyone to take responsibility for their own health, insurance protection for their family, and choosing a personal physician.

We want everyone to make and carefully document their wishes about end of life care - even those who are now young and healthy.



## **Quality Improvement**

Through the AMA convened Physician Consortium for Performance Improvement (PCPI), the medical profession will continue and intensify efforts to develop evidenced-based guidance for quality improvement.

Providing physicians and patients with real time data for decision-making at the point of care should be the driving force for quality improvement.

## **Delivery Reform**

We support efforts to improve care coordination and management of chronic disease, including the patient-centered home and greater support for primary care.

Current antitrust policy must be modified to enable small physician practices to pursue quality improvement, care coordination and health information technology initiatives to achieve greater clinical integration in the delivery system.

## **Reducing Costs**

The AMA has pledged to do its part to help reduce the rate of growth in health care spending. The AMA convened PCPI is developing measures to reduce unnecessary utilization by focusing on services, treatments and conditions that entail high variation, high volume, and high cost, and have the potential for improving quality and efficiency of care.

We are also working with policymakers and other health stakeholder organizations to streamline the insurance claims processing system, reduce time and resources devoted to paperwork and lower costs for patients, physicians and payers.

Medical liability reforms will reduce costs by reducing the practice of defensive medicine. We urge policymakers to authorize health courts, administrative compensation systems, early offer models, and “safe harbors” for physicians who follow best practice guidelines, and to adopt other proven medical liability reforms.

## **Fiscal Responsibility and Sustainability**

Health system reform must be achieved in a fiscally responsible manner in order to maintain a sustainable health care delivery system.