

---

# Organization Section

---

## Rediagnosing Health Care: Providers' Perspectives

When President Clinton unveiled the Health Security Act this past October, expectations were raised about the prospect of guaranteed health-care coverage for every American. But concerns were raised as well. "The overall goal of universal health care is laudible," says an ADA member who is an academic physician at the University of Minnesota, "but questions remain about how the plan will be implemented."

The plan would introduce a national managed competition system similar to health maintenance organizations (HMOs) and preferred provider organizations (PPOs).

Some physicians fear that such a system under the Health Security Act will hurt private practice, restrict access to specialists, and diminish freedom of choice. "This plan takes away freedom of patients and freedom of doctors to choose what they want to do and who they want to see," says Paul Handel, M.D., a urologist from the Texas Medical Center in Houston.

The American Medical Association expressed fears "the new layers of bureaucracy the President proposed eventually will limit patient and physician choices, lessen the quality of medical services, and undermine the mutual trust between patient and physician."

"The American Diabetes Association (ADA) strongly supports the Clinton Administration's efforts to reform the U.S. health-care system. We especially endorse the general theme of preven-

tion," summarized ADA president James R. Gavin, MD, in his November 1993 statement before Congress. However, Dr. Gavin observed, "the U.S. health-care system fails to provide necessary and effective preventative services for people with diabetes." He emphasized, "we feel that it is our obligation to ensure that the basic benefits package is defined to include access to appropriate diabetes treatment and management."

According to a *USA Today/CNN/Gallup* poll conducted after the release of the Health Security Act, most physicians (58%) opposed the plan. What is in the President's plan that has so many in the medical community disturbed?

### The System

If passed, the Health Security Act will establish a seven-member National Health Board. This Board will oversee the nation's health-care system, which will be broken down into health alliances (similar to HMOs and PPOs) or state-run, single-payer systems (similar to the Canadian health-care system).

Each state will choose whether to have a health alliance or single-payer system. In a health alliance system, alliances will be of two types, regional or corporate. Regional alliances will be developed locally in each state; corporate alliances will include companies with more than 5,000 employees. In a single-payer system, each state will constitute one large alliance.

Regardless of the system chosen, health-care alliances and state single-

payer systems will be established, regulated, and approved by the National Health Board.

### Benefits and Services

Under the President's plan, all Americans must belong to the health alliance or single-payer system chosen by their state. Whether states choose a health alliance or state single-payer system, they are required to offer the same comprehensive benefits package outlined by the President.

A core group of primary-care physicians—family practice, general internal medicine, general pediatrics, and obstetrics and gynecology—will be included in the plan. In addition, the benefits package must offer at least one fee-for-service (FFS) option, which will give consumers access to a group of specialists.

Consumers who do not choose or cannot pay extra for an FFS option will need a referral from a primary-care physician to see a specialist. ADA member Alan M. Jacobson, M.D., Chief of Mental Health at the Joslin Diabetes Center in Boston views this as an invasion into patient referrals and an intrusion into the number of follow-up outpatient visits. "In this kind of system, you may limit care and deny people access to specialists," he says.

This worries some endocrinologists and diabetologists. These specialists often provide primary care for their diabetic patients. But because they will not be considered primary-care physicians under Clinton's plan, their patients may find it difficult to see them. "When people with diabetes aren't allowed to see specialists in their HMO,

they end up having to sneak in to see their endocrinologist," says one ADA professional member and HMO provider.

### Reimbursement and Regulation of Fees

Physicians in a health alliance will be paid by the alliance. Physicians in a single-payer system will be reimbursed by the state.

In an effort to hold down health-care costs, provider fees will be set by the health alliances or by the state under a single-payer system. "Fees would be better set at a local level," suggests an ADA-member endocrinologist who practices in Wisconsin, "because cost-of-living varies not only from state-to-state, but throughout each state."

Some physicians view fee regulation as beneficial. "My field will benefit because pediatric endocrinologists are among the lowest paid group of physicians!" quipped Fran Kaufman, M.D., a pediatric endocrinologist and Director of Comprehensive Diabetes Programs at Children's Hospital in Los Angeles.

Others just don't like the idea of set fees. "I hate to see anyone regulating fees," says the Wisconsin endocrinologist, "but I don't think that endocrinologists' fees will change."

"I have no problem with regulating fees," Dr. Jacobson stated blankly, "as long as doctors have the right to form unions."

### Private Practice—Outside the System

Under the President's plan, physicians may choose to join the health alliance or single-payer system in their state or stay outside the system in private practice.

Because all Americans must legally belong to an alliance or a single-payer system, most will likely visit a provider whose services are also included in the system rather than a provider who is outside the system in private practice. This would, in effect, force many of the approximately 370,000 private practice physicians nationwide to join one of the federally mandated systems. "Private practice is disappearing already," notes Dr. Jacobson.

If consumers still wish to see a private practice physician, they must pay out of their own pockets. "Under this plan," says Dr. Jacobson, "only the wealthy 5 or 10% of the population will be able to afford to see a private practice physician."

"Private practice will be similar to what has happened in England," says Dr. Kaufman. "For the very rich, there

will be a private practice system, but they will have to pay for it."

Several physicians feel that most private practice physicians will eventually have to join the system. "Whatever system we have will be the death of private practice," concludes Dr. Jacobson.

### Reduction of Specialists

The Health Security Act will attempt to reduce the number of new and existing specialists. According to the *USA Today/CNN/Gallup* poll, 56% of those physicians surveyed believe that there are too many specialists in the medical field; however, 40% agree they are not qualified to provide primary care under the new plan.

If the Health Security Act is passed, special programs will be established to retrain some specialists as primary-care physicians.

Not many specialists look fondly on retraining. "In rural Wisconsin, to switch over to primary care from endocrinology would be a colossal problem for our practice," stated one ADA-member physician. "We don't have enough time to see people for endocrinology disorders much less people for primary care."

Another ADA-member physician involved in both research and clinical practice says, "considering the costly training and the time and money that physicians have invested into their specialties, I recommend that we target the new people coming into the field rather than changing established specialists over to general practice."

Part of Clinton's plan will redirect the fields of study for medical students. A National Council on Graduate Medicine Education (to consist of physicians, health-care consumers, and Federal workers) would be formed to guarantee that 55% of the people going into the medical profession enter family medicine, general internal medicine, general pediatrics, or obstetrics and gynecology. Currently, only 40% of residents are entering general medicine.

"More students entering primary care would be good," says the Wisconsin endocrinologist, "but we need to give medical students an incentive, make primary care more attractive, and place more emphasis on it."

To deter would-be specialists, each year the Council will determine the number of specialty slots available for nationwide enrollment in medical education programs. In establishing these specialty slots, the Council will predict

the number of future specialists the country will need.

"It will be hard for government planners to project how many people are necessary to fill specialists positions because so many future medical advances are unknown," states Glen Griffin, M.D., pediatrician and editor of *Postgraduate Medicine*.

The Council also will need to be aware that some areas may demand more specialists than others. "President Clinton's approach," states the Endocrine Society, "fails to recognize that training for some specialties, such as endocrinology, should be encouraged in order to meet increasing patient demand for treatment of diabetes."

Throughout 1994, this and other health-care plans will be circulated through Congress in an effort to address problems in the U.S. health-care system and identify solutions. Concerns expressed by the medical community must be considered when drafting health-care legislation.

—Christianna L. Shortridge

### ADA EVENTS

**Research Symposium:** Pancreas and Islet Cell Transplantation, March 18–20, 1994, San Diego, CA.  
**54th Annual Meeting and Scientific Sessions:** 11–14 June 1994, New Orleans, LA. Deadline: 7 January 1994 for submission of abstracts.  
**Contact:** ADA, Professional Education Department, 1660 Duke Street, Alexandria, VA 22314.  
**Program Information:** 703–549–1500, ext. 212 or ext. 215; registration information: 703–549–1500, ext. 330.

**The Harold Rifkin Open Meeting: Diabetes, Hypertension, and Renal Disease**  
**9 April 1994**  
**New York, NY**  
**Location:** New York University Medical School  
**Sponsorship:** The American Diabetes Association/New York Downstate Affiliate.  
**Speakers Include:** Drs. George L. Bakris, John Bauer, Julia A. Breyer, and David M. Nathan.  
**Topics Include:** Use of ACE inhibitors and calcium channel blockers for the treatment of hypertension in the diabetic patient; the use of thiazide and beta-blocking drugs in the treatment of hypertension; pathophysiology of diabetic nephropathy; and the prevention of microvascular complications.

**Contact:** The American Diabetes Association/New York Downstate Affiliate, 149 Madison Avenue, New York, NY 10016. Tel: 212-725-4925.

**Diabetes Complications:  
Assessment, Treatment, Prevention  
13 April 1994  
Rosemont, IL**

**Location:** Holiday Inn  
**Sponsorship:** The American Diabetes Association/Illinois Affiliate, the Diabetes Educators of the Chicago Area, the American Association of Diabetes Educators.

**Contact:** Sue Apsey, American Diabetes Association/Northern Illinois Affiliate, 6 N. Michigan Avenue, Suite 1202, Chicago, IL 60602. Tel: 312-346-1805 or 800-433-4966.

**Women and Diabetes  
29 April 1994  
Pittsburgh, Pennsylvania**

**Sponsorship:** American Diabetes Association/Pennsylvania Affiliate, University of Pittsburgh School of Medicine, Children's Hospital of Pittsburgh, Magee-Women's Hospital.

**Topics include:** Implications of the DCCT results, hormonal therapy, and the long-term complications of diabetes.

**Contact:** Trish Smith, UPMC Department of Conference Management, Nose-Barkan Building, Suite 512, 3811 O'Hara Street, Pittsburgh, PA 15213. Tel: 412-647-8126; Fax: 412-647-8222.

**9th Annual Southern Regional  
Scientific Conference  
26-29 May 1994  
Jacksonville, FL**

**Location:** Amelia Island Plantation  
**Sponsorship:** The American Diabetes Association/Alabama, Florida, Georgia, North Carolina, South Carolina, and Tennessee Affiliates.

**Topics include:** Practical management of diabetes and implications of the DCCT for primary-care physicians, family practice physicians, podiatrists, pharmacists, nurses, and dietitians.

**Contact:** The American Diabetes Association/Florida Affiliate, 1101 North Lake Destiny Road, Suite 415, Maitland, FL 32751. Tel: 800-741-5698.

**OTHER EVENTS**

**1st Postgraduate Clinical  
Endocrinology Course  
20-23 April 1994  
Gerona, Spain**

**Location:** Parador De Aiguablava  
**Sponsorship:** European Federation of Endocrine Societies.

**Contact:** Professor F.F. Casanueva, Department of Medicine, Endocrine Section, P.O. Box 563, Santiago de Compostela, 15780 Spain. Fax: 34-81-57 21 21.

**Arterial and Arteriol Wall in  
Diabetes Mellitus: Animal vs. Human  
Studies**

**20-23 April 1994**

**Toledo, Spain**

**Deadline:** 1 November 1993 for submission of abstracts.

**Sponsorship:** European Society for Clinical Investigations.

**Topics include:** Microcirculatory changes, endothelial dysfunction, vascular reactivity, and pathobiology of the vessel wall in diabetic angiopathy.

**Contact:** Dr. N.C. Schaper, Department of Internal Medicine, University Hospital, P. Debyelaan 25, postbus 5800, 6202 AZ Maastricht, The Netherlands. Tel: 043-877019; Fax: 043-875006.

**Diabetes 1994 Conference  
6-7 May 1994**

**Vancouver, British Columbia, Canada**

**Location:** Coast Plaza at the Stanley Park, 1733 Comox Street, Vancouver, British Columbia, Canada.

**Sponsorship:** University of British Columbia, Vancouver, British Columbia, Canada.

**Topics include:** Improving ability to diagnose and manage patients with insulin-dependent and non-insulin-dependent diabetes mellitus.

**Contact:** Diabetes 1994 Conference, Room 105-2194 Health Sciences Mall, University of British Columbia, Vancouver, British Columbia, Canada. Tel: 604-822-2626; Fax: 604-822-4835.

**13th Immunology of Diabetes  
Workshop Meeting  
25-28 May 1994**

**Montvillargenne, France**

**Topics include:** Cellular mechanisms in IDDM, mechanisms of  $\beta$ -cell aggression, autoantigens, prediction, new models of autoimmune diabetes, immunotherapy, and environmental factors.

**Contact:** Secretariat Pr. Bach, Immunologie Clinique, Hopital Necker, 161 rue de Sevres, 75743 Paris Cedex 15, France.

**Annual Scientific Congress of the  
Canadian Society of Clinical  
Chemists**

**29 May-2 June 1994**

**Quebec, Canada**

**Location:** Hotel Loews Le Concorde

**Sponsorship:** Canadian Society of Clinical Chemists and Canadian Association of Medical Biochemists.

**Topic:** Screening for disease.

**Contact:** Dr. J.-C. Forest, Service de Biochimie, Hopital Saint-Francois-d'Assise, 10, rue de L'Espinay, Quebec G1L 3L5, Canada.

**Vanadium Symposium 1994:  
Biochemistry, Physiology, and  
Potential Use in Diabetes Therapy**

**30-31 July 1994**

**Montreal, Canada**

**Sponsorship:** 12th International Congress of Pharmacology. Topics

include: Mechanism of action, physiological effects, and potential therapeutic applications of Vanadium compounds in the control of diabetes.

**Contact:** Dr. Ashok K. Srivastava, Centre de Recherche, Hotel-Dieu de Montreal, 3850 Saint-Urbain Street, Montreal, Quebec 2W 1T8, Canada. Tel: 514-843-2917; Fax: 514-843-2709.

**7th International Congress on  
Obesity**

**20-25 August 1994**

**Toronto, Ontario, Canada**

**Location:** Westin Harbour Castle Hotel  
Participants may receive AMA Category I study credits.

**Contact:** Continuing Education, Faculty of Medicine, University of Toronto, Medical Sciences Building, Toronto, Ontario, M5S 1A8 Canada. Tel: 416-978-2718; Fax: 416-978-7144.

**Research Course: Recent Advances  
in Clinics and Pathogenesis of  
Diabetes Mellitus**

**22-26 August 1994**

**Uppsala, Sweden**

**Location:** Centre for Diabetes Research  
**Deadline:** 15 May 1994

**Sponsorship:** European Association for the Study of Diabetes (EASD) and Uppsala University.

**Contact:** Dr. Décio L. Eizirik, Department of Medical Cell Biology, Biomedicum, Box 571, S-751 23 Uppsala, Sweden. Tel: 46-18-174925; Fax: 46-18-556401.

**American Board of Internal Medicine  
Examinations**

**23-24 August 1994**

**Deadline:** 1 September 1993 through 1 December 1993 for registration.

**Contact:** Registration Section, American Board of Internal Medicine, 3624 Market Street, Philadelphia, PA 19104. Tel: 1-800-441-2246; Fax: 1-215-243-1500.

**Lessons From Animal Diabetes  
International Workshop IV**

**2-4 November 1994**

**Omiyai, Saitama, Japan**

**Sponsorship:** International Diabetes Federation Congress.

**Topics include:** Genetics of non-insulin-dependent and insulin-dependent diabetes mellitus in different animal models, diabetes complications in animals and treatment by drugs and other modes, endocrine malfunction, and the mechanisms of insulin resistance and obesity associated with diabetes.

**Contact:** Dr. Yasunori Kanazawa, c/o Access Brain Inc., Hongo-sky Building 503, Hongo 3-38-11, Bunkyo-ku, Tokyo, Japan 113. Fax: 81-3-3818-4433. Dr. Eleazar Shafir, Department of Biochemistry, Hadassah University Hospital, Jerusalem 91220, Israel. Fax: 972-2-434434.

**Third International Symposium on Diabetic Neuropathy**  
**3–5 November 1994**  
**Kanagawa, Japan**

**Location:** Hakone Prince Hotel  
**Sponsorship:** International Diabetes Federation Congress.

**Topics include:** Diabetic neuropathy.  
**Contact:** Dr. Nigishi Hotta, Third Department of Internal Medicine, Nagoya University School of Medicine, 65 Tsurumachō, Showa-ku, Nagoya 466, Japan. Tel: 052-741-2111 (ext. 2218); Fax: 052-733-8241.

**15th International Diabetes Federation Congress**  
**6–11 November 1994**  
**Kobe, Japan**

**Location:** Kobe Convention Center  
**Topics include:** Prevention of diabetes and clarification of goals to reach by the year 2000.

**Contact:** S. Ohsata, Kobe Convention Center, 6-9-1, Manatojima-nakamachi, Chuo-Ku, Kobe 650, Japan. Tel: 078-303-0055; Fax: 078-302-7303.

**The Wolfram Syndrome Registry**  
**New York Medical College**  
**Hawthorne, New York**

**Conditions:** The Wolfram Syndrome Registry seeks additional Wolfram syndrome (DIDMOAD) patients and their families for federally funded genetic stud-

ies. The Wolfram syndrome is diagnosed when diabetes mellitus and bilateral optic atrophy are present. Many other clinical manifestations may occur.

**Contact:** Dr. Ronnie Gorman Swift, Director, Division of Psychiatric Genetics, New York Medical College, 4 Skyline Drive, Hawthorne, New York 10532. Tel: 914-347-2690.

**International Genetic Collaborative Study**  
**The Institut de Morphologie Pathologique Loveral, Center for Human Genetics**  
**Loveral, Belgium**

**Conditions:** Clinicians with patients who have total lipodystrophy (lipotrophic diabetes, Berardinelli-Seip syndrome) can enter an international genetic collaborative study aimed at localizing the gene responsible for the disease. Participation consists of providing a single blood sampling of affected patients, unaffected siblings, and their parents.

**Contact:** Dr. Lionel Van Maldergem, Center for Human Genetics, IMPL, Allee des Tempeliers 41, 6280 Loveral, Belgium. Tel: 32-71-471520; Fax: 32-71-471520.

**ADA RESEARCH AWARDS**

**Medical Student Diabetes Research Fellowship Program:** \$4000 for a

3–6 mo period to promote medical student interest in careers of diabetes-related clinical investigation or basic research.

**Deadline:** 1 March 1994 for 1 July 1994 funding.

**Conditions:** Application must be made by the student who must have a qualified sponsor. The student must have completed at least one year of medical school. The award will be \$3000 to cover the 3–6 month period of research experience and \$1000 will cover the costs of supplies, animals, and so forth that are related to the student's project.

**Contact:** American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Tel: 703-549-1500, x362.

**Mentor-Based Postdoctoral Fellowship Program**

**Award:** \$30,000/yr for 3/yr for a postdoctoral fellow working with an established diabetes investigator.

**Deadline:** 7 October 1994 for 1 July 1995 funding.

**Conditions:** The investigator must be a U.S. citizen or have permanent residence status and hold an appointment at a U.S. research institution. The fellow must have an MD or a PhD and no more than 3 yr of postdoctoral research experience.

**Contact:** American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314. Tel: 703-549-1500, x362.