Editor's Note

There was a time when the physician was undeniably at the center of nearly all health policy debates. Should the United States enact national health insurance? During the 1930s and 1940s the American Medical Association, then the nation's most powerful interest group, wielded its influence to undermine universal coverage proposals. Should health insurance companies oversee physician treatment protocols? Until the 1980s, and the rise of managed care, the bifurcation between the physician and the payer of care was sharply drawn: the doctor provided the care and the insurer paid the bill, and rarely did an insurer second-guess or micromanage a clinical decision. Who would regulate the physician, then? The physician community would regulate itself.

These days the notion that physicians and their lobbying organizations should so thoroughly dominate the health care system seems almost quaint. Nearly every physician specialty has its own lobbying organization, and the combined effect is to dilute the overall influence. In addition, physician complaints about managed care bureaucracies are commonplace, as are physicians' concerns about excessive government regulation. Moreover, the ongoing debate over health care reform seemingly revolves primarily around insurance companies, business leaders, consumer advocates, and public officials. The role of the physician is unclear.

For this reason, it is hardly a surprise that most of the articles in this (or any other) issue of the journal seem at first glance to minimize the role of the doctor. In the lead article of this issue, for example, Pauline

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Vaillancourt Rosenau and Christiaan J. Lako examine the implementation of an effort in the Netherlands to combine a health insurance individual mandate with a system of regulated competition. Is this a useful model for the United States? Rosenau and Lako (and commentator Kieke G. H. Okma) are skeptical, especially given that the Dutch are now coping with rising insurance premiums and growing consumer dissatisfaction. Why these problems? Perhaps surprisingly, a key factor is that Dutch policymakers completely underestimated physician opposition and resistance to the new regime.

Austin Frakt and colleagues then argue that the Veterans Health Administration here in the United States ought to form a Medicare prescription drug plan for those veterans who do not have access to the traditional veterans' health care system. After all, some of these veterans might prefer the VA's tight formularies and low prices to the looser formularies and higher prices of the typical Medicare drug plan. Frakt spends much of the article considering the obvious hurdles to the proposal, such as insurance company opposition to any congressional effort to permit the VA to operate a tighter formulary than other Medicare plans. He then turns, however, to a more subtle but equally significant issue: Would non-VA physicians follow similar prescribing patterns to their VA counterparts? If not, what would that mean for the cost-containment assumptions?

The next article, by Jonathan P. Weiner and colleagues, examines the efforts of U.S. managed care health plans to do business cross-nationally. Weiner and colleagues point out that very few managed care plans have successfully imported their products. What are the main obstacles? There are a few. It is hard to create needed administrative infrastructures. Middle-class consumers (the key target population) are often hesitant to enroll and pay premiums. Additionally, however, it is often hard for American insurance companies to convince local physicians to participate in provider networks (particularly in nations where doctors rely significantly on under-the-table payments).

I might hardly have noticed the subtle but important role played by physicians in each of these articles had it not been for the issue's final article, by Katharina Janus and colleagues, which examines physician satisfaction in academic medical centers in the United States and Germany. Why are fewer Germans interested in becoming doctors? Why is morale low among American doctors? What is similar and different between the situations in the two countries? What should policy makers do to increase physician satisfaction? These are the issues that Janus and colleagues consider.

Reading the Janus article reminded me that we too often forget that

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the doctor is still at the center of nearly every health policy issue and debate. To be sure, the AMA no longer has the political influence it once wielded, doctors no longer have the unquestioned autonomy to determine clinical protocols, and nonphysician providers (and public health officials) are extraordinarily important caregivers. Nonetheless, health policy and health politics are both framed and implemented by relationships between doctors and all the other groups in the system (patients, insurers, administrators, government officials, and more). Perhaps *JHPPL* needs to address the politics of the physician a bit more closely. Let me know if you have ideas or potential articles that would meet this need.

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