


[The new front on health care reform](#)

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By *Matt Hrodey*

Wisconsin Congresswoman Tammy Baldwin is a leader in the effort to reopen the national health care debate in the arena of critical care – emergency or life-sustaining care provided in emergency rooms or intensive care units. The effort is led by a national panel of specialists and advocates, the Roundtable on U.S. Critical Care Policy. A lobbying firm employed by the group says its members formed in part because they felt critical care was overlooked in the reform of America’s health care system.

“It had sort of gotten lost in the shuffle in health care reform,” says Stephanie Silverman, CEO of Venn Strategies in Washington D.C. and also executive director of the Roundtable. “There was a bit of concern that the health care debate had moved on without considering critical care.”



The Roundtable held its first summit in October 2009 and its second in July 2010. A list of its recommendations “for federal policy action” produced in 2009 has served as an outline for the panel’s work, according to Silverman. One of issues addressed but not included in Baldwin’s legislation is rewriting federal Medicare reimbursement policies to cover end-of-life planning.

According to the Roundtable report, “Currently, reimbursement policies discourage physicians and others from engaging in greatly needed, thoughtful, time-sensitive discussions with patients and their loved ones regarding important decisions to be made at the end of the patient’s life.” The issue is an important one for critical care since, the report says, most people die in hospitals and a quarter die in intensive care units.

Last year, rumors that the health care reform package would create government-backed “death panels” to decide who will live and who is too expensive to keep alive torpedoed a similar provision. *The New York Times* called the rumors “stubborn yet false” and blamed their propagation on conservative opponents Sarah Palin and Betsy McCaughey, a former lieutenant governor in New York, and some conservative media outlets.

Dr. Jeffrey Grossman, CEO and president of the UW Medical Foundation and an intensive care specialist, is a delegate to the Roundtable and also a member of its board of directors. He says it’s too

soon to introduce end-of-life planning legislation. “This is obviously a highly controversial area that deserves deep and thoughtful national discussion,” he says.



The Roundtable has an eye on reducing health care costs – proponents of end of life planning say it can avoid costly and unwanted medical procedures late in life. In general, critical care is more expensive than primary care but serves fewer patients.

“I’m very supportive of the focus on primary and ambulatory care that’s taken place, but critical care is also a major component,” Grossman says. “The delivery of critical care has not been as well studied,” he notes, although it drives a lot of health care spending.

Enter [Baldwin’s bill](#), labeled the Critical Care Assessment and Improvement Act and introduced last week. The congresswoman, a Democrat who represents Madison and surrounding areas, says the bill “authorizes studies to assess the current state of the critical care delivery system, including its current capacity, capabilities and economic impact on the U.S. health care system.” She says critical care accounts for about 13 percent of hospital costs.

The studies will be conducted by Institute of Medicine, a nonprofit connected to the National Academy of Sciences, the U.S. Government Accountability Office and the federal Department of Health and Human Services.

“I don’t think you’ll find anyone who would argue that we have identified or addressed every facet of our broken (health care) system or suggest that Congress’ job is done,” Baldwin says. The legislation also calls for the National Institutes of Health to form a “coordinating council” to guide the funding of critical care research.

The Roundtable has also raised concerns about an apparent shortage of nurses and doctors working in critical care. “The demand for critical care medicine is likely to increase, while the supply of critical care practitioners is insufficient to meet present demands,” its report notes. The panel suggests new incentives such as student loan repayment for such professionals, but none of them have found their way into legislation yet.

Baldwin’s bill would require the federal government to evaluate its preparedness for a national disaster or a disease outbreak such as a flu pandemic and create guidelines for the evacuation of intensive care units during disasters. Grossman says the Roundtable formed in part because of the 2009 H1N1 flu pandemic. Questions arose over how the federal government would deal with a widespread, catastrophic outbreak.

So far the legislation hasn’t come to a vote. It was referred to the House Committee on Energy and Commerce.