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Federal Trade Commission
Office of the Secretary
Room H-133 (Annex X)
600 Pennsylvania Avenue, N.W.
Washington, D.C. 20580

RE: Health Care Workshop, Project No. P131207

To Whom it May Concern:

Thank you for the opportunity to comment in response to the Federal Trade Commission Workshop, *Examining Health Care Competition*. I will focus on Professional Regulation of Health Care Providers.

It helps to appreciate the present situation. Under current regulations patient-centered, physician-led, team-based care can develop and should be promoted. Integration and teamwork are especially essential now. Healthcare is becoming more complex, patients have a greater degree of chronic disease, workforce shortages are present among all healthcare professional provider groups, and alternative payment models are evolving.

As a physician in active clinical practice, I have over a decade of personal experience with effective patient-centered, physician-led, team-based care in the hospital and office-based practice settings. Our team members coordinate care, share decisions and information, work together, and draw on our respective strengths. The teams include physician, nurse practitioner, physician assistant, and medical assistant members, as well as other support staff. We seek to ensure that patients receive the highest quality of health care at the lowest cost and result in the most optimal clinical outcomes.

New health-care delivery systems depend on a team-based approach to care to improve care, enhance patient health, and reduce costs. In Pennsylvania we have two leading examples of how physician-led, team-based models of care can work and what the future of American health-care delivery and financing can look like. Geisinger Health System, in central and northeastern Pennsylvania, successfully uses integrated teams to achieve better care, improve patients' health, and reduce costs. Renaissance Health Network, in Southeast Pennsylvania, is a clinically integrated, physician-owned company that was selected by the Centers for Medicare & Medicaid Services to be a pioneer accountable care organization (ACO), a national program that tests the impact of different payment arrangements to coordinate care, improve quality, and reduce costs. Renaissance was chosen for this pilot program because of its decade of success in offering coordinated care for some patients with private insurance.

Healthcare is being transformed at many levels. One thing remains constant and of paramount importance: the need to protect the public. Competition must not trump patient safety. The state medical or osteopathic board has a vital role in this regard.

As a state-based agency, the state medical or osteopathic board has a unique perspective specific to the state and should retain its authority and jurisdiction over individuals who practice in the state. The board achieves its mission through licensing to assure that the individuals are qualified through an evaluation of their education, training, examination, character, professional history, and discipline. The board receives and investigates consumer complaints and other adverse information and takes action where appropriate against an individual's license, which can range from revocation of the privilege to practice, restriction, remediation, or reprimand.

Let us consider the welfare of the consumer who needs to select a healthcare professional. Licensure or certification serves as a bar that the individual has at least attained a minimum standard. The board certification examination provides assurance of a physician's expertise in a particular specialty and/or subspecialty of medical practice.

Since I am actively enrolled in Maintenance of Certification (MOC), I can attest to the rigorousness of the program. Through 4 years of medical school, 3 years of residency training, 4 years of fellowship, annual accrual of continuing medical education credits, passage of 3 board examinations at the outset of my career and 3 recertification examinations since, I engage in lifelong learning and on-going self-assessment. This is essential to stay current with the complexity of medicine, understand advances in diagnosis and treatment, enhance my clinical judgment, and hone skills essential for high quality patient care.

There is tremendous growth and complexity of medical science and clinical care. The physician's relationship with the patient is central to ensure quality clinical outcomes. In MOC, a physician demonstrates practice-related knowledge to provide quality care in a particular specialty, compares this care to peers and national benchmarks, and applies the best evidence or consensus recommendations to improve that care.

A physician's patient-focused competence is judged based on six core areas: professionalism, communication skills and cultural competence, patient care, practice-based learning and improvement, systems-based practice, and medical knowledge. A physician who applies for recertification must demonstrate evidence of professional standing, commitment to life-long learning and self-assessment, evidence of cognitive knowledge, and evidence of performance in practice.

Let us highlight two patient-focused, safe approaches to decrease healthcare costs. First, in the American Medical Association's *Physician Consortium for Performance Improvement*, the American Board of Internal Medicine Foundation-spearheaded *Choosing Wisely* campaign, and specialty society quality committees, physicians identify meaningful measures and appropriateness criteria that emphasize value over volume. Second, there is opportunity for the FTC's much needed oversight – particularly in the Pennsylvania market – to address consolidation and market dominance as a way to advance competition and put patients first.

Thank you again for the opportunity to share my views as a practicing physician and comment on the FTC Workshop, *Examining Health Care Competition*.

Sincerely,

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