



From the American Academy  
of Family Physicians

## ADVANCING HEALTH CARE COVERAGE FOR ALL

Timing is everything. That admonition to would-be thespians takes on a new dimension when applied to AAFP's efforts to heal the nation's ailing health care system.

Since 1989, the Academy has pursued this goal by painstakingly crafting successive versions of a plan to assure health care coverage for all US residents and working with other key stakeholders to bring the plan to the national health policy table.

### AAFP Plan

The plan adopted by the AAFP Congress of Delegates in October 2001:

- Protects all US residents against extraordinary medical costs
- Leaves in place the current insurance market
- Provides funding through a national, broad-based taxing mechanism
- Establishes a public-private oversight body, modeled after the Federal Reserve Board, to monitor and modify the benefits package as needed over time, based on evidence and outcomes data
- Implements a national payment system for covered services that uses a resource-based relative value system with a single conversion factor
- Promotes the expectation that all Americans should have a personal physician—a family doctor—as their usual source of care

### On to Congress

But how to put these goals before the US Congress? Recognizing the clout wielded by the AMA in Washington, DC, the Academy used its leadership position within the AMA House of Delegates to advance the coverage-for-all message there first.

Academy staff drafted a statement for submission to the US Congress. The AAFP then took the lead in building consensus on a resolution to pose to the AMA and in forging a coalition of specialty group supporters within the AMA House of Delegates.

Aside from the AAFP, signing onto the resolution were the American Academy of Pediatrics, American College of Cardiology, American College of Emergency Physicians, American College of Obstetricians and Gynecologists, (then) American College of Physi-

cians-American Society of Internal Medicine, and American College of Surgeons. Other organizations, including the American Psychiatric Association, testified in favor of the resolution.

The end result: Delegates at the AMA's December 2002 meeting adopted a resolution calling on the US Congress to enact legislation guaranteeing health coverage for all US residents by 2009. That resolution, as amended by the AMA house, reads as follows:

"Resolved, that our American Medical Association join with interested medical specialty societies and state medical societies to advocate for enactment of a bipartisan resolution in the US Congress establishing the goal of achieving health care coverage through a pluralistic system for all persons in the United States on or before Jan. 1, 2009, that is consistent with relevant AMA policy."

The AAFP and other specialty groups' objections to adding the phrases "through a pluralistic system" and "that is consistent with AMA policy" were overruled at the meeting. The revisions reflected some AMA delegates' concerns about being perceived as promoting a single-payer, government-run insurance system—a prospect the AMA opposes.

The revisions are a moot point, according to AAFP President James Martin, MD, of San Antonio, because whatever is proposed to the US Congress will be revised and negotiated by legislators.

"Even though we didn't get exactly what we wanted at the AMA, we did get the AMA on record favoring a US Congress resolution on health care coverage for all," Martin said after the AMA meeting. "This is a major step."

On the heels of that victory, coalition staff began searching for bipartisan congressional sponsorship to place the sense-of-Congress resolution before federal legislators. That search shows promise, Martin said in a recent interview, and it's possible the congressional intent measure could be introduced later this fall.

### National Debate

Meanwhile, the AAFP's coverage-for-all plan waits in the wings. The next step, said Martin, is to "take our plan and compare it with the others that are out there. That allows us to show the strengths and weaknesses."

According to Martin, discussion at the July meeting of the AAFP Board of Directors focused on four elements of the plan, with some directors concerned about how those elements are perceived—specifically, the taxing mechanism through which coverage would be financed, the plan's lack of co-payment variability, its noninclusion of hospitalization coverage, and the fact that it establishes a federal mandate and does not allow individuals to opt out of participating.

"But those are exactly the four things that are differ-

ent from the tax credit plans we see now being pushed," said Martin. "We're hoping to generate more discussion of these issues at the national level"—discussion that could later set the stage for introduction of legislation based on the Academy's plan.

Timing counts. The candidates for US president are addressing health issues in their campaigns, and Academy leaders and other family physicians are already asking presidential hopefuls to articulate their views on access to care for everyone.

"A lot depends on whether the American public has the will to push health care to the front of the line," said Martin.

Cindy Borgmeyer  
AAFP News Department



From the American Board  
of Family Practice

### NEW EDITORS OF THE JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE

The American Board of Family Practice announces the retirement of long-time *Journal of the American Board of Family Practice (JABFP)* editor, John Geyman, MD. We are grateful for Dr. Geyman's stewardship in building the *Journal* and for leading it into its new electronic format. We also proudly announce the appointment of new editors. Editor-in-chief is Marjorie Bowman, MD, MPA, Professor and Founding Chair, Department of Family Practice and Community Medicine, University of Pennsylvania. The new deputy editor is Victoria Neale, PhD, MPH, Associate Professor, Department of Family Medicine, Wayne State University.

The *JABFP* is now available in a fully electronic format with free access to all content. The new *JABFP* Web site at <http://www.jabfp.org> offers wonderful advantages over the print format, which is now available only to paid subscribers.

The electronic format of *JABFP* offers numerous benefits, including PDF reprints of articles published from 2001 to the present. Readers are especially encouraged to submit comments about new articles as Rapid Responses through the [www.jabfp.org](http://www.jabfp.org) Web site. Rapid Responses will be linked to articles and posted on the Web site within days of submission. The Rapid Responses feature allows for postpublication peer review and comment by readers. This open-review process should benefit our larger community of practitioners and researchers.

**Coming Soon!** The *JABFP* will soon provide electronic manuscript submission. Electronic submission will reduce duplicating and mailing costs for authors

and should increase the efficiency of the peer-review process. In the meantime, manuscripts should be mailed to Ms. Virginia Gessner, Senior Editorial Assistant, Dept. of Family Medicine, Box 354696, University of Washington, Seattle, WA 98195-4696.

### Recruiting Peer Reviewers

The *JABFP* is also seeking new peer reviewers. If you are willing to serve as a peer reviewer, please send an e-mail message that specifies your areas of expertise and interest to Ms. Virginia Gessner at [virginia\\_gessner@fammed.washington.edu](mailto:virginia_gessner@fammed.washington.edu).

Peer reviewing provides the opportunity for researchers to sharpen their critical appraisal skills. Peer reviewers are expected to treat all manuscripts as confidential documents. If a reviewer receives a manuscript that poses a real or perceived conflict of interest, this should be declared to the editorial office.

### DECEMBER 5, 2003, ADMINISTRATION OF THE CERTIFICATION AND RECERTIFICATION EXAMINATIONS

The ABFP will offer a second administration of the Certification and Recertification Examinations on December 5, 2003. These examinations will be administered via computer only and will be offered to a select number of physicians who fall into the following categories:

- Off-cycle residents who complete their training after June 30, 2003, but on or before November 15, 2003
- Candidates who were unsuccessful on the July 11, 2003, examinations
- Candidates who applied for the July 2003 examinations and were unable to complete all of the requirements before the deadlines
- Candidates who were forced to defer participation in July 2003 because of illness or other extraordinary personal circumstances

To determine whether you are eligible, call the ABFP Help Desk at 877-223-7437 or email [abfphd@abfp.org](mailto:abfphd@abfp.org).

### Questions from American Board of Family Practice (ABFP) Diplomates Regarding the Maintenance of Certification Program for Family Physicians (MC-FP)

By the time this issue of the *Annals of Family Medicine* has been published, the ABFP will have distributed to its Diplomates an overview of the MC-FP and its four components (Professionalism, Self-Assessment and Lifelong Learning, Cognitive Expertise and Performance in Practice) and a Frequently Asked Questions supplement. These were distributed through direct-mail handouts at the July 11, 2003, examinations, and via the Web site at [www.abfp.org](http://www.abfp.org).