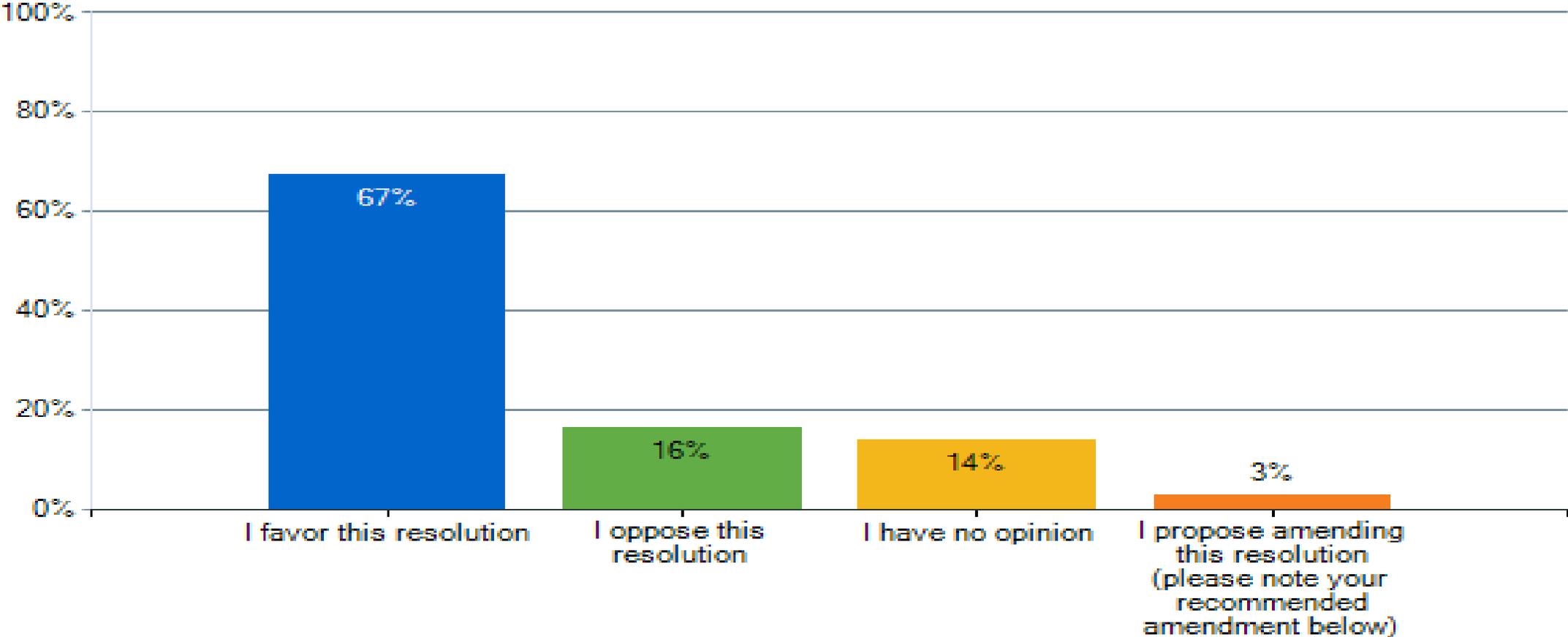
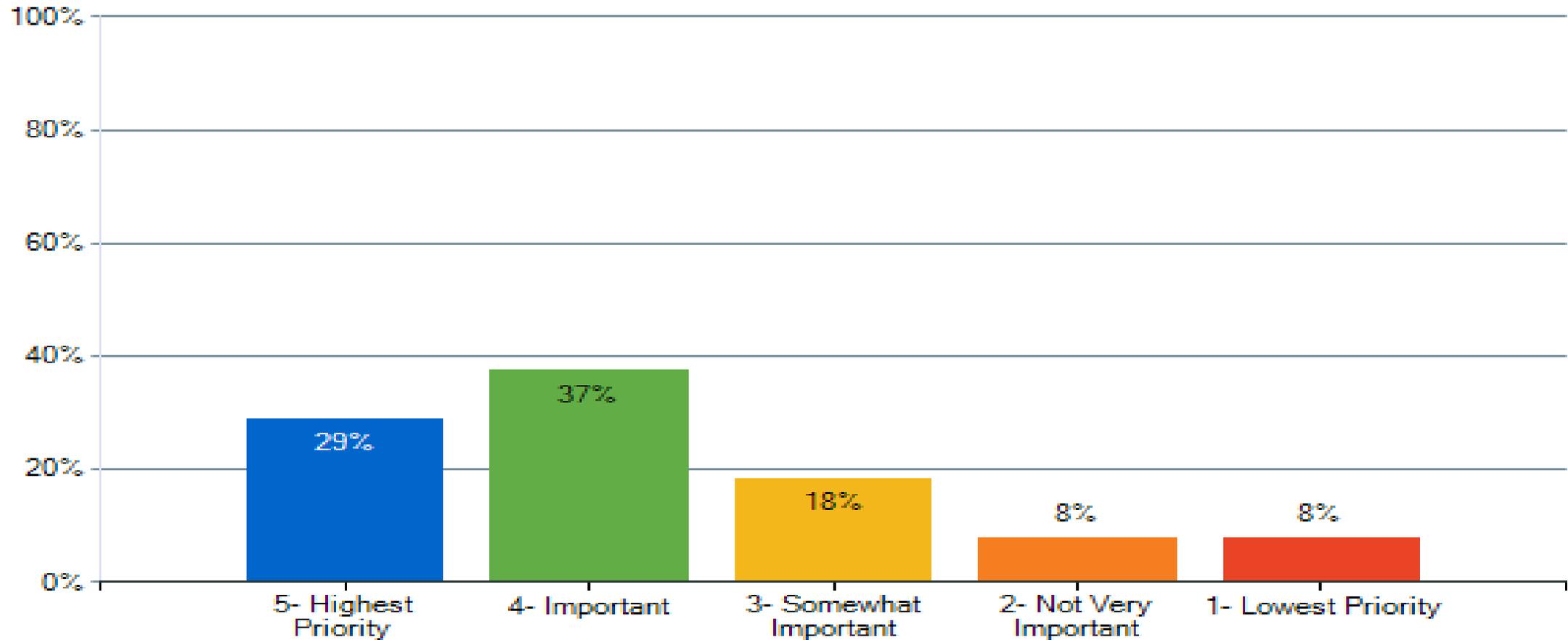


QHealth Care Reform by Means of State Legislative and Executive Activity and Action



116 responses

QPlease indicate your view of this resolution as an ISMS priority.



115 responses

SR No.	Response No.	Response Text
7	7	Much too broad and beyond means of ISMS
9	9	beneficial to promote substantive dialogue and action, however, the content of the earlier clauses prescribes ineffectiveness to single-payer solutions. Many physicians and trainees are proponents of these solutions and should be included in such a committee if this resolution should be passed. Substantive improvement in accessibility and quality of care through executive and legislative action can
11	11	healthcare system in the world. As a member of the ISO/TC 212 committee for 20 years, which meets in a different country every year, I was able to see firsthand how more efficient and less expensive to the population their healthcare system is. For example, my relatives in Germany say the waiting to see a doctor is rarely longer than one hour. On the hother hand, JAMA reported several months ago that 2-3 years ago more than 1.400
13	13	As a delegate of ISMS for nearly a quarter century, I have been a strong advocate of these needed reforms. I have also been educated on the successful models found in Germany, France, Scandinavia, and Japan. Thank you for finally understanding that unless we open our minds to the inevitability of radical change, we will forfeit a place at the table in deciding what our healthcare model will look like. Even worse, Physicians will be regarded as ignorant chattel. Bravo, bravo, bravo!
14	14	Please make sure you don't throw the doctors under the bus in this attempt. I am not a huge believer in single payor since it puts the government in too much control and will create the problems in England and Canada. I do agree with the excess expenditures in our profession. We refer to specialists way too much and do tests far more than is necessary. Patients have learned to be way too demanding. I'm not sure how to fix this exactly, but maybe there are those who do.
16	16	agree
18	18	Free market solutions should be promoted. While ISMS is much better positioned to be able to assess healthcare issues than state of federal government, free market solutions provide even greater control to be delivered to the patient.
20	20	I support the concept, but ISMS doesn't have the financial resources to accomplish the goals of the resolution.

26	26	circular firing squad? Although appreciate spirit of this resolution raises issues probably beyond ISMS to fix.
28	28	Seems overly ambitious. I support the ambition but because of practicality issues, I am not sure whether I support this resolution. The issue has the highest importance, though again, I remain unsure about this plan.
35	34	Shifting care to ASC's and doctors' offices will save Medicare
36	66	Support but with the caveat that the Board of Trustees be instructed to select physicians from ISMS for this committee representing the spectrum of opinion amongst ISMS members. Specifically i am concerned about inclusion of single payer advocates on the committee.
38	36	I am in favor of physician members working with staff and the ISMS lobbying team to draft legislation to be introduced into the State General Assembly. Physicians should step forward to both participate in and lead the process of suggesting legislation to change our current healthcare system.
39	37	good luck!
40	38	I cannot support such a resolution without assurances that the committee would have diversity representing the gender, race and geographic areas of the state and a pledge by all members to be apolitical and not motivated by personal financial or political gain.
41	39	Please actively include Pediatrics
42	40	ISMS as a whole should be making resolutions that encourage healthcare reforms. I don't think a committee should be making resolutions on behalf of the ISMS and submitting them to legislators, without first being voted on by the ISMS membership.

46	44	<p>The underlying theme of the proposed legislation is undeniable: The current health system is badly flawed and needs to be fixed. The proposed Resolution's concept that this can be done by an ad hoc committee is also flawed, however. This should be the the purview of a permanently established Committee (or Committees) with established lines of communication and knowledgeable staff. The drawing up of appropriate legislation is only part of what is required. It has to be implemented and will require long term followup. Circumstances will change and it will need to be reconfigured to succeed in passage through various legislative committees and executive branch departments. It should not be considered as a "stand-alone" single piece of legislation, but as part of a cultural shift with multiple ramifications. This will require longterm ISMS commitment and coordination, not a "one-off" piece of isolated legislation. Incidentally, we don't "improve inefficiencies", we replace them with efficiencies</p>
48	46	<p>I don't think it is practical for the Illinois state medical society to design a new healthcare system. Well I would favor this attempt I don't believe we have the resources and representation to accomplish this. The resolution as well intended but we simply don't have the ability to affect healthcare on a national level.</p>
53	51	<p>I think this resolution is significantly weighed down by its poorly thought out attacks on countries with national health care systems that provide better care at lower cost than the United States. While I don't disagree on principal with the idea of states trying out different systems, that effort should specifically be with the ultimate end goal of finding a system that could be broadened out nationally. This resolution - rather than combatting the low quality, fragmented care that already exists in the U.S - would actually further exacerbate the fragmented system by expressly trying to make every state try to reinvent the wheel. The author should further interrogate their own hollow calls for avoiding 'partisans and ideologues' before attempting to get up on this poorly thought out soap box.</p>
58	72	<p>The healthcare in our state and in the country as a whole is as noted in this resolution. I agree that it is of prime importance to move forward with any attempt that will offer an improvement.</p>
60	74	<p>Support this</p>

68	81	Agree
69	82	typos?? Another Committee? Will members still be encouraged to submit Resolutions?
71	84	Contains much inflammatory rhetoric. Seems to imply that the commission will oppose universal healthcare with federal insurance.
74	103	I agree this is necessary to authorize and create an ad hoc committee, whose purpose is to design health care legislation which will be submitted to the General Assembly, and to encourage executive action, when appropriate; and be it further
75	104	Looking at the bewildering mass of existing ISMS policy relevant to these issues, it seems any "special committee " will quickly get mired in verbiage . Using the states as laboratory for developing health care solutions is swimming upstream. All aspects of medical care, especially payments for services have been pushing bigness and cross state lines solutions.
79	108	It's always interesting to study complex problems. If such a committee is formed, it should represent the diversity within the state and bring on scholars and true experts who have carefully considered strategies and possess the experience and insights to support the member physicians on the study committee. After the work of the committee is completed, its report should be thoroughly reviewed by the membership before it is passed on to Illinois legislators for implementation. We must be very cognizant of the impact on historically marginalized communities and build in a great deal of empathy.
80	109	Agree with the formation of this committee and in being proactive to protect physicians and patients in Illinois.
81	110	I like the idea that we are being proactive in attempting to influence the legislative actions in State Health Care laws. However I think we have no legal authority to define ourselves as a legislative body and would suggest we define it as an Advisory Committee , and recruit those physicians within our outstanding membership having credentials and training in medicine, ethics and healthcare law to serve.
87	116	Expect any resolution or legislation to gore some specialty(ies) ox and cost membership but a very good concept

97	126	This opens up a can of worms. I worked on quality, efficiency and infrastructure to manage it for 6 years as an executive at UnitedHealth Group. The biggest challenge today is the burden placed on nurses, physicians, practices, etc. and the resolves do NOT address lightened the work. There are some good technical solutions but they are primarily targeted to hospitals. ISMS could encourage their expansion to physicians. Apervita is an Illinois company in this space. I am an investor in them and disclosure that conflict of interest. This is a very important problem because it is a major contributor to physician burnout
98	127	This is a good idea as long as whatever this committee recommend is subject to review and acceptance by the general body as there are also many idologues in the medical profession. It also seems that this purpose of this committee should remain a little more humble than the grand scope articulated here; to "address the major factors," "consult with appropriate industry stakeholders, innovative economists, etc is somewhat grand. Realistically, I suspect that there will be many small steps taken, rather than this grand plan.
106	165	Strike “ not as members of a circular firing squad, ideologues, partisans, or profiteers, but” Circular firing squad is inflammatory and with gun violence so prevalent, firing squad is a poor choice of expressing the sentiment
115	205	None
117	238	Not the solution. We need NATIONAL HealthCare, paid by INCOME TAX-- essentially MEDICARE FOR ALL.