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"The name of the game is be hit and hit back." —Warren Zevon from "Boom-Boom Mancini"

It was evident from the beginning of my term as RIMS president in the fall of 2007 that this was going to be a year during

which the Society would be challenged in unprecedented ways.

The Governor and the General Assembly had already passed a stealth gross receipts tax on imaging and outpatient surgery ("stealth" because despite doing so, they kept gloating in public that they had not raised taxes); Blue Cross was set to introduce preauthorization of imaging after our years-long efforts to delay it; rumors were rife of the pending arrival of Minute Clinics at a CVS near you; and the looming merger of the two large in-state hospital systems was causing great concern among many physicians in primary care and those affiliated with other hospitals.

At the same time, and much more ominously, the state government had a yawning budget deficit that Governor and Democratic Assembly alike vowed would be addressed in great part through the most draconian cutbacks in health services and coverage in the history of the state.

In each case, the Medical Society, its staff, and physician volunteers hit back. We took our punches. But we hit back in ways we never have before. And where we did not take the round, we learned some important lessons about how to win in the future.

We set up a combined legislative, legal, and public relations fight to overturn the gross receipts tax. And although we did not get it repealed, we intend to see the state in court over the issue. When Blue Cross finally instituted preauthorization of imaging, we were there on a weekly basis with them, first relieving individual practices of the administrative headache by getting the OK for radiology to perform the logistics, assuring that specialties were grandfathered out of the denial process expeditiously, and supporting the ENTs, oncologists, and cardiologists with their complaints with the process.

We released a comprehensive report on Minute Clinics to the public and to the Health Department as a preemptive shot across the bow and have yet to see this new form of corporate health care rear its head in our state.

We formed a broadly representative committee of members to set our policy on the pending merger of Lifespan and Care New England, which enumerated some of the potential benefits of such a merger but also detailed the necessary cautions that needed to be addressed before such a merger should be allowed to proceed. And, in the face of a delivery system already too-full of self-interest, we felt that any such merger would be better overseen by the state's new comprehensive health planning process where all the affected parties are represented. RIMS was the leading advocate for passage of that new law.

But our greatest challenge this year has been the battle of the state budget, the results of which have been nothing short of disastrous for Rhode Islanders, for health care services, and for any hope of fundamental reform of the health care delivery system in the near future. The Republican governor and his Democratic Assembly sycophants oversaw an orgy of health insurance cutbacks, shutting down of health programs for the neediest at the General Hospital, promoting cost shifting disguised as reform, and surfacing a proposal to move the entire Medicaid budget from

If you can't take the punches, it don't mean a thing

an entitlement to a block grant (the Global Medicaid waiver). All this in the face of a refusal to retreat on tax cuts for the most affluent of our residents. A year like this allowed us to separate our true friends from those who merely say they are. It's a lesson we take into the 2008 elections and into the new year.

But RIMS hit back even in the face of such a year, individually and with our coalition partners. We succeeded in minimizing the numbers of kids and adults cut from RIte Care, and we delayed the Global Medicaid waiver. Where in the past we usually fielded only two or three physicians to assist our government affairs director in lobbying at the State House, we sent 30 to 40 docs up there this year. And we further instituted cell-phone call-ins during a number of our Council meetings—a couple dozen docs calling their astonished legislators at home and opposing the assaults to health care.

One of the lessons we take from this year is that we need a long-term strategy to better succeed. The need for docs to get tougher and smarter in this battle was not lost on RIMPAC, our political action arm. RIMPAC held another Campaign School to train docs in running for office and supporting others who support us; it kept its powder dry and saved its money for the upcoming election season, where one physician is campaigning hard for a seat in the General Assembly; and we will be working actively to identify more physician candidates for 2010. We intend to make it clear to friend and foe alike that the time when physician interests can be minimized on Smith Hill is over.

Our staff and leadership team have also strengthened the Medical Society internally as well. Although the concept of a two-year term for RIMS president was not adopted, our president-elect now has a strengthened role in the active, day to day decision-making process, and starting this September RIMS will begin offering our president a thousand dollar a month stipend to defray any loss of income to her or his practice during their term. In addition we have professionalized our membership efforts adding scores of new members, strengthened our fiscal oversight, and have made available unique new services to our members.

As I leave the RIMS presidency, I leave behind a stronger organization internally and one that is better prepared to fight back during the hard times. We're not mourning, we're organizing, and our gloves are on. Join us in the effort.

It has been a singular honor for me to serve you and the physician community this year. ❖