



Dr. Christopher Gribbin's House of Delegates Speech

Dear Colleagues,

It is an honor to stand before the House of Delegates of the oldest medical society in America, the Medical Society of New Jersey, to assume its physician leadership for the coming year. I thank you for trusting me to take my place in the great tradition of leaders of MSNJ, the continuity of which is made evident by our key ceremony. Those who have come before me are truly those who have made our medical society what it is. They are inspirational leaders, great physicians and invaluable advisors. I thank every one of them for admitting me to this sacred trust. I also thank the tremendous staff of our society, who help create policy, advocate, guide legislation and regulations and run the society day by day. Without them, none of us would be here. I especially want to thank my wife, Dorota, who has been so supportive of me and understanding of the time this commitment entails.

I approach this year with a deep sense of well being and optimism. We have a great profession. Doctors are routinely held in high esteem by the public. According to a Gallup survey, more than two thirds of the public rate the honesty and ethical standards of physicians as a group as "very high" or "high". Medical school is more competitive than ever to get into – the recent acceptance rate at the medical school where I have a faculty appointment, Rutgers Robert Wood Johnson, was 4%, and rates at other schools are as low as 1.6%. Average admission MCAT scores and GPAs are such that I clearly would not be attending medical school if applying now. Despite grumblings to the contrary, physician satisfaction with their profession is astoundingly high – 90% of physicians stated that they were very or somewhat satisfied with their career choice, according to a recent AMA survey. This same survey found that almost three quarters of doctors identified medicine as a calling – a sentiment they identified by age 20. Negative factors identified included those which we are all familiar with - administrative burden, stress, lack of time, long hours and on-call schedules. Despite these factors, career choice satisfaction remained high. And this is no mystery. Our ability to cure diseases once thought incurable has increased tremendously in the past ten years, and grows by leaps and bounds daily. Many diseases that were once considered death sentences are transitioning towards chronic, difficult but often manageable diseases. Average life expectancy has increased from 54 years in 1950 to 71.5 years in 2014, and continues to increase. Who would not want to be at the forefront of this incredible advancement? Medicine is truly a fulfilling profession, and to be able to practice it is a real privilege.

In addition to our feeling of being called to the profession, and the empathy for our patients that comes with it, we bring with us the knowledge that all of our study has imparted to us, though hard work and long hours. And we bring with us the skill, the ability to heal – skill learned through endless hours of residency and honed by our years of practice. We are the

medical scientists in our daily interactions with patients, where we bring our knowledge and empathy together to heal. We are patient advocates and as such occupy a crucial place in the triad of payers, hospitals and physicians caring for patients. As we go forward and create teams to deal with all the varied areas of health care delivery, it is important that these teams be lead by physicians. As care teams evolve, mutual respect on the part of all participants is essential for their success.

This foundation of knowledge, skill, empathy and respect will be our guiding force, the light that illuminates our faces, the wind behind our sails as we advocate for our patients and our profession.

While doctors are professionally happy, they are often discouraged by a worsening daily grind of disenfranchisement, imposed duties that are essentially clerical, meaningless reporting of pseudo-quality metrics, pressure from payers and employers, punishing economic constraints, excessive work hours – many other factors that detract from the practice of medicine. We are frustrated by the transfer of health care funds from patient care and physicians to health care bureaucracy. One of our main jobs as physician advocates in the Medical Society of New Jersey is to work to remove these burdens as best we can, so we can all spend more time doing what we do best – delivering great care for our patients.

Legislative advocacy, both in our state and nationally, is a core mission of the Medical Society of New Jersey. We have been active on both levels, through our AMA delegation nationally and through our work in Trenton locally.

Within New Jersey, we oppose any attempt to link Maintenance of Certification with medical licensure or hospital privileging. We continue to advocate for the repeal of the onerous Ambulatory Care Facility tax, which unjustly punishes physician's practices to provide funds for charity care. We will continue to work with the physician and hospital coalition confronting the challenge of legislation addressing out of network care delivered in an otherwise in network setting, the outcome of which has vast ramifications for all physicians, including those who practice mainly or entirely in network. We have advocated for mutual transparency and network adequacy as an alternative to many of the proscriptive proposals that we have seen in this legislation. We advocate for the elimination of burdensome, uncompensated pre-authorization requirements – and to eliminate “pre-authorization is no guarantee of payment” from the payor lexicon. If a physician is judged to be of sufficient quality the he or she is admitted to a network, surely that same physician is competent enough to order a test, medication or procedure without being second guessed by someone who is not a physician and is not involved in the care of that patient.

On the national level, through our well respected AMA delegation, we support legislation aimed at reforming the medical malpractice liability system, including a cap on non-economic damages awarded in medical malpractice cases. Another aspect of liability reform supported by the AMA and recently decided favorably was a prohibition on “state shopping” for venues to bring medical malpractice cases. We have also advocated for relief from burdensome reporting requirements—which impair our ability to spend time with patients and deliver best care. We are engaged with our congressional representatives as they attempt to frame new health care

legislation. The first step has now been taken, with House passage of the American Health Care Act. In our advocacy, your New Jersey delegation stressed that modifications should not result in loss of coverage for those who have it now, including those who received it through Medicaid expansion.

The opioid epidemic is a crisis that calls for both state and national efforts. Reducing opioid use for pain management requires increasing access to non-narcotic pain management. This includes eliminating burdensome preauthorization and treatment plan oversight which stand in the way of attempts to decrease reliance on opioid pain relievers. Access to addiction treatment services needs to be improved. As we confront this crisis, it is important not to be overly proscriptive towards physicians, as similar attempts to emphasize rapid treatment of pain of as the 5th vital sign, and reliance upon satisfaction surveys that rewarded increased dispensation of opioids helped fuel the epidemic in the first place.

The crisis in the cost of prescription medication is one which has rapidly escalated over the past few years. We now have a situation where the cost cannot be justified as reimbursement of research and development, or a reward for the risk of trying to bring a medicine to market where the outcome is uncertain. Instead, we face hedge fund purchases of single or small drug manufacturers and subsequent massive increases in price for profit only. We advocate for free and fair markets.

Legislative advocacy is just a part of our program at MSNJ. We are active in the legal arena, where our amicus briefs have been instrumental in several court decisions. We accredit CME programs around the state. We are collaborating with payers and hospitals to build a leadership academy to solve pressing healthcare issues facing New Jersey. The first issue being tackled by this group is End of Life care in New Jersey. As we move towards population health based approaches to care, MSNJ is focused on supporting physician leadership. In the next year you will see MSNJ launch an initiative to create interoperability among disparate EMR systems so physicians will have better clinical information about their patients. These programs bring the physician's voice to improving quality and lowering cost in healthcare.

As we move forward, to have a strong voice, it is certain that we will need two things – members and money. We seek to include all physicians – from solo practitioners, like my wife Dorota, to members of large groups, like myself. We have a great and strong system of county medical societies in New Jersey, who form the backbone of our state society. I would like to ask for the presidents of all county medical societies in attendance to please stand and be recognized. We have successfully reached out to large groups over the past year and brought many into the medical society. In the coming year, we hope to expand this strategy to even larger groups, including employed physicians and hospital owned practices. Ultimately, we all have the same goal in mind – delivering the promises of modern medicine to our patients as safely and effectively as we can.

This is going to be a great year. A year of hard work, engagement, advocacy, creativity, camaraderie and strength. With a foundation of knowledge, skill, empathy and respect, we are well prepared to meet the challenges ahead.