

WHAT'S HAPPENING IN

AMWA

Reform
Section
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Volume XIV, Number 2 / April 1994

AMWA Testifies on Health Care Reform

Janet E. Freedman, MD, Co-Chair of AMWA's Ad Hoc Committee on Health Care Reform, testified before the Subcommittee on Health and the Environment in support of Rep. Jim McDermott's (D-WA), MD, health care reform legislation (H.R. 1200) in February.

"This proposed legislation meets AMWA's three goals that must be included in any acceptable health care reform proposal: universal coverage, administrative simplification, and autonomy of clinical decision-making for physicians," Dr. Freedman told the members of the subcommittee.

The bill would create a "single-payer system" of administering health care, and provide access to comprehensive health care regardless of where a patient lives or works or how much she/he earns. It guarantees specific benefits (as does the Clinton Health Security Act) which is critical to determining the cost of a new health care system. Rep. McDermott's plan provides coverage for preventive and primary care and supports



Janet E. Freeman, MD, testifies on health care reform before the Senate Subcommittee on Aging in March.

the appropriate use of all members of the health care team.

In addition, the proposed plan differs from the Clinton plan in that it suggests ways to decrease the administrative bureaucracy of health care, thereby increasing the amount of time physicians have to deliver quality care to patients, and encourages autonomy in clinical

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Health Care Reform Focus of Interim Meeting

More than 150 women physicians will converge on Capitol Hill for AMWA's Interim Meeting: *Women's Health in Health Care Reform*, at The Washington Court Hotel, Washington, DC, June 24-27, 1994.

AMWA members are coming to Washington to continue to promote the importance of women's health care issues and the role of women physicians in health care reform.

"We are meeting at a pivotal time for American health care," said Kathryn C. Bemmam, MD, AMWA President. "We have an opportunity to reach lawmakers in the midst of the debates on health care reform."

Sessions during the three-day interim meeting include priorities for change, issues at stake for women in health care reform, financing health care reform, and practical advice on talking to legislators about reform.

A special student session on financing, medical education and work force reform will be presented on Saturday morning.

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STD Survey Results

Coinciding with Valentine's Day (February 14th), Sally Faith Dorfman, MD, MSHSA, Chair, Reproductive Health Initiative (RHI), represented AMWA in a press conference where the results of a survey designed to assess women's awareness, attitudes and actions regarding sexually transmitted diseases (STDs) were released. The study was conducted to better understand the reasons behind the epidemic numbers of cases of STDs occurring in American women.

The survey was co-sponsored by AMWA and The Campaign for Women's Health, a coalition of 80 organizations including AMWA, representing women's health care issues in health care reform. The survey was made possible by a grant from Burroughs-Wellcome.

The study titled, *Women and Sexually Transmitted Diseases: The Dangers of Denial*, found that 84 percent of American women said "It can't happen to me," when asked if they worried about acquiring an STD such as genital herpes, gonorrhea, syphilis, human papillomavirus (HPV), or chlamydia.

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Testifies *continued from p. 1*

decision-making by physicians, by placing the responsibility for medical decision making with trained health care providers.

In March, AMWA provided the Senate Subcommittee on Aging of the Senate Committee on Labor and Human Resources with testimony on health care reform and women's issues. The well-attended hearing included Sens. Mikulski (D-MD), Kennedy (D-MA), Boxer (D-CA), Feinstein (D-CA), Murray (D-WA), Wofford (D-PA), Pell (D-RI), Hutchinson (R-TX) and Moseley-Braun (D-IL).

Representing AMWA, Dr. Freedman told the subcommittee members that any health care reform proposal should provide for the continuum of preventive, primary, acute and long-term services which a woman may require in various stages of her life regardless of where she lives, or her marital or employment status.

Sen. Barbara Mikulski (D-MD) was interested in Dr. Freedman's expertise in long-term care and rehabilitation medicine and indicated an interest in Dr. Freedman testifying in April 1994 on long-term care.

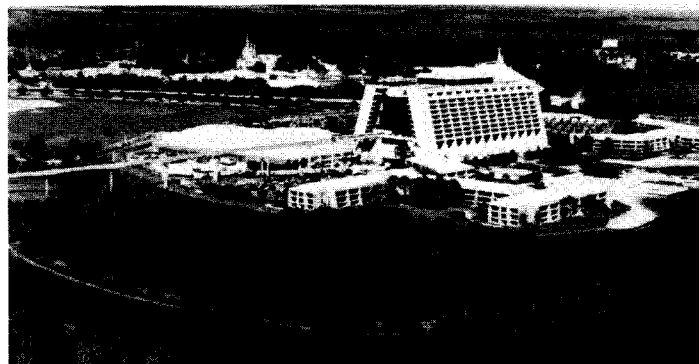
Interim *continued from p. 1*

For hotel accommodations, contact The Washington Court, 525 New Jersey Ave. NW, Washington DC 20001, 202/628-2100. For more information about the meeting, contact AMWA.

79th Annual Meeting Workshop Topics Announced

Women's issues in health care reform, sexual harassment and gender bias in medicine, controversies in breast cancer, abortion, and women and heart disease are among the workshop topics to be featured during AMWA's 79th Annual Meeting, *Women Promoting Women's Health: Empowering Our Global Family*, November 2-6, 1994, at Disney's Contemporary Resort, Lake Buena Vista, Florida.

The meeting is being sponsored by AMWA in conjunction with the Federation of Medical Women of Canada. It is also the First North American Regional Meeting of the Medical Women's International Association.



Disney's Contemporary Resort is the site of AMWA's 79th Annual Meeting next November.

Bylaws Revisions Due

Proposed revisions to the AMWA Bylaws are due to the AMWA Bylaws Committee by **May 31, 1994**. Address your recommended changes to Christine M. Mueller, MD, Chair of the Bylaws Committee, AMWA, 801 N. Fairfax St., Suite 400, Alexandria, VA 22314.

The Bylaws Committee will review the proposed amendments at the Interim Meeting. The compilation of proposed bylaws amendments accepted by the Bylaws Committee will be distributed to the AMWA membership in late August, and will be considered by the House of Delegates at the Annual Meeting, November 2-6, 1994, at Disney's Contemporary Resort, Lake Buena Vista, Florida.

STD Survey *continued from p. 1*

The survey also indicated that women who knew more about STDs were willing to talk to their physicians, and one in three of those surveyed believed that physicians and nurses should take a more active role in educating patients about STDs.

For a copy of the survey's executive summary, contact AMWA.

A highlight of the four-day conference is a symposium which will discuss the effects of violence on women in abusive situations.

Other seminars for the expected 800 women physicians and medical students focus on migraine headaches, new options in contraception, management of hormone replacement therapy, women and aging, and lesbian health issues.

For AMWA branch presidents, committee chairs and others interested in becoming AMWA leaders, the Annual Meeting also features a Leadership Track with seminars on effective leadership, media training and strengthening legislative input.

A Career Development Track includes women working with women, the physician-nurse relationship and how to develop new career objectives.

There also is a Student/Resident Track featuring discussions on learning the basics of practice management, finding the best position for you and negotiating salary in your first position.

"As women physicians, we can make a difference and influence the direction of health care for all women," said Gerrie Gardner, DO, AMWA Program Chair. "AMWA's Annual Meeting program reflects our important role as an association of women physicians dedicated to promoting women's health issues."

Contact AMWA for a registration packet.

NAWHME Created

AMWA has collaborated with the Medical College of Pennsylvania to create the National Academy on Women's Health Medical Education (NAWHME). NAWHME is the first group formed to focus on women's health in medical education.

NAWHME's intent is to blend women's health into every facet of medical education from medical student teaching to residencies, from the halls of academia to educating physicians in practice.

Leaders from medical schools and organizations with an interest or expertise in women's health and history have been invited to join NAWHME.

The purpose of the Academy is to propose strategies and analyze their effectiveness for the successful inclusion of women's health education into medical schools and the residency curricula, and the consequent delivery of appropriate, high-quality health care to all women.

NAWHME's first meeting was convened March 21, 1994 and attended by AMWA leaders Drs. Bemmann, Dickstein, Lenhart, Moore and Wallis, as well as those from other medical and interested organizations.

For more information contact Glenda D. Donoghue, MD, Medical College of Pennsylvania, 1071 Bryn Mawr Ave., Penn Valley, PA 19072.

RHI Update

Development of AMWA's Reproductive Health Initiative (RHI) is proceeding under the direction of its 23-member RHI Advisory Committee chaired by Sally Faith Dorfman, MD, MSHSA. Here is a project update.

Curriculum Development

The Advisory Committee is researching the current status of medical school education on reproductive health. A mailing to all medical schools resulted in responses from 46 schools, the majority of which expressed an interest in the model reproductive health curriculum.

Project leaders from the Advisory Committee have been selected to develop educational modules. Project leaders will meet in May.

Medical School Seminars

AMWA has requested master faculty applications from its members and the faculty selection will be completed in May. Master faculty training is scheduled for October 1994.

If you would like to help plan an RHI seminar at a medical school, contact Susan Eisendrath at AMWA.

Student Elective

AMWA is soliciting student applications for RHI elective and will select students by May 31st to attend the elective in January 1995. The electives will be held in various sites selected by the Advisory Committee and arranged in coordination with medical schools and health care facilities. Applications for the elective are due from students on **May 13, 1994**.

Dedicated Issue of JAMWA

A special issue of the *Journal of the American Medical Women's Association* dedicated to abortion is planned for September/October 1994. In addition, the Advisory Committee will work with JAMWA editors to schedule an issue on reproductive health.

Reproductive Health Award

AMWA will honor one national and five local physicians with Reproductive Health Awards. See article, page 7.

Foundation News

The AMWA Foundation has a new logo (see below) which represents "The women physicians' agenda for medical education and service."



THE AMWA FOUNDATION

Anne L. Barlow, MD, Foundation Chair, has announced that the Reproductive Health Initiative (RHI) received a start-up grant from the John Merck fund. The Foundation also recently received grants ranging from \$20,000 to \$50,000 for RHI from the Cabot Family Fund, General Services Foundation, the Huber Foundation, and the Educational Foundation of America. The George Gund Foundation has provided a grant for general operating support.

In addition, DuPont Radiopharmaceuticals has made a grant to the Foundation for the purpose of training physicians in cardiovascular disease in women.

Dr. Barlow also announced that Bristol Myers Squibb has joined United States Surgical Corporation, The Upjohn Company and Sanofi Winthrop Pharmaceuticals as a Corporate Charter Member of the Foundation. Corporate Charter members of the Foundation pledge a minimum of \$100,000.

Gender Equity Award

To promote an environment of mutual respect and gender sensitivity for future physicians, AMWA announces its first Gender Equity Award. The award will recognize medical school faculty members who have promoted a gender-fair environment for the education and training of women physicians, and who have assured equal opportunity for women to study and practice medicine.

AMWA has invited each of the 126 medical schools and 16 osteopathic medical schools to participate. Award recipients will be selected by the students in each medical facility. It is suggested that each medical school honor the award recipients at the school's graduation ceremony or honors ceremony.

The award is supported by The Upjohn Company.

For more information, contact Marie Glanz at AMWA's national office.

AMWA'S Concerns About

Although AMWA supports the principles of both the single payer system and the Clinton Health Security Act, the leadership has expressed concerns regarding issues in both plans. Three of those concerns: preventive care and screenings, reproductive health and mental health are discussed in this issue. One concern, the role of women scientists in health care reform, will be addressed in the next issue of the newsletter.

There are many concerns that these proposals will inhibit women's health research.

Preventive Care and Screenings

Diana L. Dell, MD, President-Elect, and Susan C. Stewart, MD, Co-Chair, Ad Hoc Committee on Health Care Reform

AMWA's strong commitment to preventive care is emphasized in our *Model Benefits Package for Women*. When patients practice good health habits and participate in programs that detect illnesses at an early stage, their overall health will improve and health care costs should decrease.

All the health care reform proposals mention coverage for preventive services. Under our current system, preventive care is often regarded by insurers as a "luxury item," and is not covered. Only health maintenance organizations (HMOs) routinely offer coverage for regular preventive screenings and examinations. As a result of lack of insurance coverage for preventive screening, claims sometimes allege that the patient has a breast lump or vaginitis, to obtain reimbursement for screening mammograms and Pap smears.

If preventive services are completely covered under health care reform, two seemingly contradictory effects on cost results will follow: first, many services now provided for a supposed symptom will be correctly identified as preventive, diminishing payment in the "medically necessary" column. Second, with universal access to age appropriate screenings, more tests will be run, constituting a new and significant expense.

The Clinton (Health Security Act) and McDermott (single payer) plans have provided specific lists of covered benefits. The other plans identify mechanisms for deciding benefits later.

The Clinton plan has provided the most detailed list. As a result it has been roundly criticized by many groups, including AMWA. But we must give credit to the

AMWA's Medical Education and Research Committee is developing a position paper on this topic; input may be submitted to Donnica L. Moore, MD, fax: 201/503-6863.

AMWA recognizes that not all the areas of concern are represented in these newsletter articles. AMWA is seeking input from our members on the health care reform issues important to you. If you have not done so, please fill out the survey (from the February/March 1994 issue of the newsletter) and mail it to AMWA.

plans that include specific benefits and recognize that it is not possible to make any realistic evaluation of the various plans without a description of the benefits they would include. We must insist that each plan specify its benefits so that we can provide input on what would be best for American women.

Breast Cancer Screening

The Clinton plan proposes to cover screening mammograms every two years beginning at age 50. This recommendation is based on studies that do not show a significant decrease in mortality from breast cancer in women who had preventive screening in their 40s, whereas there is a 30 percent decrease in mortality in women who receive screening mammograms after age 50.

Other authorities (including AMWA) believe there is a benefit to earlier screening, and that the studies showed trends toward that benefit and simply lacked adequate numbers of patients and length of follow-up time to prove it conclusively.

Recently, questions have been raised regarding the validity of the Canadian breast cancer study. These questions revolve around the adequacy of mammogra-

phy techniques at the time the study was conducted.

A study published in the journal *Cancer* (January 1994), appears to support the benefits of mammographic screening for women in their 40s.

AMWA will continue to endorse mammograms every one to two years from ages 40 to 49, and every year thereafter.

Enhancing mammography quality is crucial: substandard tests may waste money and endanger lives. Beginning in October 1994, the Mammography Quality Standards Act will be fully implemented. As physicians, we must be advocates for strict adherence to quality regulations.

Pelvic Exams

The Clinton Health Security Act proposes to cover three annual pelvic exams, which if negative, would be followed by one exam every three years. Patients with "risk factors for sexually transmitted diseases" would receive Pap smears annually. After 40, the interval would be every two years.

AMWA has a concern about limiting coverage for annual exams. Covered benefits should vary with acceptable medical standards and patient needs, determined by the individual and physician.

Pelvic exams should be annual. Special consideration must be given to those patients who require intensified screening because they are at risk for cervical cancer.

This is especially true of patients with HPV and HIV, because they may experience a more rapid progression from dysplasia to invasive cervical cancer. The only method of detecting HPV is with a Pap smear.

Conclusion

AMWA will continue to follow these issues and update our members.

Reproductive Health

Kaaren A. Nichols, MD, Co-Chair, Reproductive Health Subcommittee

President Clinton's Health Security Act and the Wellstone/McDermott single-payer proposal are the health care reform plans that imply coverage for abortion services. Of all the health benefits needed by women, none is more likely to draw emotional controversy — and more susceptible to being "traded away" to assure passage of a reform bill.

Congress has been consistently unfriendly to government funding for abortion. Although the last congressional session saw some victories, Congress also voted to con-



Susan C. Stewart, MD, discusses mammography at an American Cancer Society press conference last fall.

Proposed Health Care Reform

tinue the ban on Medicaid abortion coverage, except in circumstances of rape, incest and danger to the life of the mother.

With health care reform, AMWA has an historic opportunity to change the tenor of the abortion debate, moving abortion out of the political realm and back into the medical.

As physicians, we must convey the message that abortion is a medical procedure used by 1.6 million women annually. Half of all pregnancies are unplanned. As long as no method of birth control is 100 percent effective, abortion will continue to be a component of health care for women. Women's well-being, autonomy and equality depends upon their ability to make informed decisions, in conjunction with their physicians, about every aspect of their health.

AMWA members must educate legislators, reporters, and the public about the fact that abortion's accessibility, or lack thereof, has implications for women's overall health. Those implications include forced childbearing; continuation to term of life-threatening pregnancies; and later, riskier abortions as women must delay the procedure until they can afford it.

Physicians also are well-equipped to discuss the consequences when women are forced to seek abortion services from outside the established medical system: hemorrhaging, infection, sterility and even death.

A recent study shows that a majority, 70 percent, of Americans support the coverage of abortion services in the basic benefits package. According to a report released in March by The Alan Guttmacher Institute, most private insurance plans (70 percent) currently cover abortion. If abortion is not covered under health care reform, those women will receive inferior coverage. Health care reform will not be achieved if the current two-tiered system not only persists, but worsens.

Three final issues must be addressed: first, it is essential that abortion services be provided confidentially. Intra-family confidentiality must be preserved to enable young women, or women in a non-supportive married relationship, to make health decisions without fear of retribution.

Second, we must ensure that any "conscience clause," which is included under health care reform allowing providers and/or facilities to refuse provision of a given service, does not bar access to abortion care for low-income or rural women. Since 83 percent of U.S. counties have no abortion provider, any conscience clause must include provisions for coverage of enabling

services such as child care and transportation.

Third, it has been suggested that abortion coverage be excluded except for those women who purchase an additional rider to the new health plan. Proponents of such a plan are asking women to anticipate an unintended pregnancy and to pay more for their health care. Available data about the widespread need for abortion should be included in any benefits package.

The forces arrayed against inclusion of abortion are tenacious and highly organized, and the fight to keep abortion in the health plan will be difficult to win. But physicians truly hold the key to victory: we have the medical facts on our side.

Special thanks to Gillian Thomas for her input to this article.

Mental Health Services

Kathryn C. Benmann, MD, President, and Leah J. Dickstein, MD, Past-President

In AMWA's *Model Benefits Package for Women* and in a House of Delegates resolution, AMWA has called for parity with all other health issues for mental illness and substance abuse treatment. To attain this goal, we must examine the present situation and understand the implications of expanding the proposed coverage.

Provision for care of the mentally ill is a wide-ranging patchwork of adequate, comprehensive treatment juxtaposed with that of inadequate, ineffective programs. The overall result is a national disgrace which gives rise to severe social problems. For example, the mentally ill comprise a major portion of the homeless population. In addition, half of all homeless women and children are fleeing domestic violence.

Another area of social malaise is substance abuse (drug and alcohol addiction, chemical dependency) which is treatable. Reducing the demand for illegal drugs and treating alcoholism would lead to decreases in crime, violence and accidents.

We have the knowledge to treat these social problems, but not the will to designate and fund resources. Addressing these problems may have positive widespread social and economic effects.

Yet, people with mental illness have been traditionally regarded as less sick, less disabled, and less deserving of payment for their care.

The health care reform plans that include mental health benefits severely limit cover-

age. The Clinton Health Security Act, the plan with the most detail, revised its original proposal to include less equitable coverage. This may reflect cost concerns based on past experiences with unnecessary hospitalizations, prolonged hospital stays, endless outpatient treatment, and overpriced addiction treatment centers.

One problem with mental illness is that there has been no objective criteria to justify treatment. To solve this dilemma, the American Psychiatric Association and the American Society of Addiction Medicine have



Judith Feder, Ph.D., of HHS, provides AMWA leaders with a White House briefing on health care reform.

been developing practice guidelines for all psychiatric disorders and addictive illnesses.

Outcome studies also are available for mental illnesses, as for other medical illnesses. Evidence indicates that many mental illnesses are physical/chemical brain disorders.

A troubling aspect of the Clinton plan is the provision requiring 50 percent copayment for outpatient psychotherapy or counseling. This requirement will adversely affect millions of victims of violence, the majority of whom are female and will not be able to afford such a high copayment.

Issues of violence including counseling services for treating the effects of violence, along with strategies for future prevention, need to be included in health care reform.

Hope for significant extension of mental health benefits must include safeguards to insure that the benefits are used appropriately.

It's possible that a managed care model may supply needed controls, and physicians need to help design such a system so that urgent problems are addressed. AMWA is ready to be part of the expert leadership for mental health care reform.

STUDENT SENATE

The Power of "Hype"

*Rose Baghdady and Kristen Savola
National Student Coordinators*

It is not uncommon for groups to carefully plan programs to find that they have attracted few participants. There are two keys to successfully launching a project: (1) Organization; and (2) "Hype." Each project needs both, yet even some good planners overlook hype.

In general, medical students tend to be thorough organizers. Organization includes leadership, delegation of tasks, and motivating others to do these tasks. Tasks include talking to the dean, writing letters to potential participants, inviting speakers, reserving rooms, holding planning meetings, brainstorming ideas, producing a newsletter, publishing minutes and more.

While focusing on organization, try not to forget to publicize the event. Remember that time is limited for students and faculty; if you do not tell everyone how worthwhile your event is, they may forget to attend or decide it is not worth their time.

The dictionary definition of hype includes excessive publicity, extravagant claims, and misleading your audience. Not that we are advising you to do these things, but here are some suggestions to help publicize your event. In practice, hype is plastering your school with brightly col-

ored, catchy posters, and putting flyers in mailboxes. Often people judge a book by its cover, and will judge your program by the posters.

Hype means telling everyone about the event or project. Hype is personally speaking to people you would like to have help or participate. Most people will be flattered by being included, and are more likely to join if personally invited. They also will remember that they promised you they would attend.

Hype is making your group and its events seem exciting and well-organized, even if they are not yet. For example, if your branch is trying to organize a mentor program and needs to recruit physicians, remember that most individuals will want to join a group that has enthusiastic participation. So create an enthusiastic environment through student participation.

To encourage physicians to join your efforts, make it easy for the physician to participate by providing a stamped, self-addressed postcard that requires the physician to check a box and perhaps write in an optional comment. This makes your student branch appear organized and appeals to potential mentors.

If you succeed in making your branch look fun and rewarding, it will become that way too. Go ahead, create your own self-fulfilling prophecy!

Health Care Reform and Medical Students

Janet E. Freedman, MD, Co-Chair, Ad Hoc Committee on Health Care Reform

Medicine is challenging, and today's medical student faces a challenge unknown to past generations — health care reform.

Health care reform is often negatively portrayed to students but health care reform offers many positive opportunities, the greatest of which is universal coverage. If passed, doctors will no longer be faced with denying care because a patient is not insured.

The greatest fear for students is the possibility of a decreased number of specialty residency positions. The Clinton, McDermott and Cooper plans call for limitations on specialty slots, and for at least 50 to 55 percent of medical school graduates to enter primary care positions (pediatrics, internal medicine, family practice and obstetrics-gynecology).

While this seems restrictive, the majority of students entering medical school express an interest in primary care. But at graduation, less than 1/3 enter the field. Here are some reasons this change may occur. Medical school rotations present one aspect of medical practice, that of the tertiary care institution providing complex treatment to intensive care patients or those in the end stage of illness. In reality, more care is provided in the ambulatory setting to which students are minimally exposed. In many medical schools, primary care is not presented as a valued field, and students may be discouraged from considering it.

The nation needs more primary care practitioners. The challenge is to identify the ways to encourage students to keep their interest in primary care, beginning with restructuring medical school curricula to provide students with positive exposure to the practicing primary care physicians caring for patients.

Pressure from large debt also pushes students towards higher-paying,

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Call for Student Awards

The **Janet M. Glasgow Award** is presented to an AMWA student member for the best essay of approximately 1,000 words about a woman physician who has been a significant role model for her. The awardee will receive an award of \$1,500 and will be recognized at an awards presentation at AMWA's Annual Meeting, November 2-6, 1994, at Disney's Contemporary Resort, Lake Buena Vista, Florida. Mail entries to Marie Glanz at AMWA. The deadline is **May 31, 1994**.

The **Carroll L. Birch Award** is presented to a student member of AMWA for the best original research paper. The recipient receives an award of \$500 and is recognized at an awards presentation at AMWA's Annual Meeting. Send two copies of the manuscript, an abstract (250 words or less), a letter from your faculty sponsor, and a cover letter stating your medical school, expected graduation date, permanent mailing address and telephone number to Marie Glanz at AMWA. The deadline is **June 30, 1994**.

RESIDENT ROUNDS

Kathy G. Keller, DO, Resident Representative, and Janet E. Freedman, MD, Co-Chair, Ad Hoc Committee on Health Care Reform

Health care reform will impact residents-to-be. Physician work force reform proposals will have the most impact by changing the distribution of physicians both by specialty and geography. If you are currently an intern or resident, it is unlikely that significant changes will occur during your training. However, the proposed changes may affect medical students.

What is the rationale behind the push for change?

- There are 600,000 physicians, 90,000 are osteopathic (DO), and 510,000 allopathic (MD).
- Residents comprise 102,000 (1/6) of all physicians in 7,000 residency programs in 50 different specialties.
- There are 250 physicians per 100,000 people in the U.S.
- There are 126 allopathic and 16 osteopathic medical schools graduating 17,000 students per year.
- In 1961, 50 percent of physicians were generalists (family practice, general internal medicine, general pediatrics). In 1990, 33 percent of MDs and 55 percent of DOs were generalists.
- Every year, fewer medical students choose primary care presumably because of lifestyle and financial issues.
- African Americans and Latinos compose 22 percent of the population, but represent only 10 percent of entering medical students, seven percent of practicing physicians and three percent of medical faculty.

The Third Report of the Council on Graduate Medical Education (a congressionally-appointed advisory panel group) concluded the following:

- The U.S. has too few generalists and too many specialists.
- Access to medical care persists in rural and inner-city areas despite increases in the number of physicians.
- The racial/ethnic composition of the physician population does not reflect the general population and contributes to access problems.
- There are physician shortages in general surgery, adult and child psychiatry, preventive medicine and geriatrics.
- Medical education should be more responsive to public needs for generalists, under-represented minority physicians and physicians for medically underserved rural and inner-city areas.

Health care reform will adjust the future supply of physicians to meet society's needs which is essential from a public health standpoint. There will be efforts to decrease the growth rate of the number of physicians, redistribute them geographically and shift the balance of generalists and specialists.

Several proposals, including in the Clinton Health Security Act, work to address these problems. The Clinton plan proposes to:

- Form a National Council on Graduate Medical Education to set priorities for the health care work force.
- Graduate 55 percent primary care physicians by 2002.
- Reduce the number of residency positions.
- Increase incentives for the recruitment of minorities in medical schools and residencies.
- Increase incentives to practice in underserved areas including loan forgiveness and increased reimbursement.
- Develop federally-administered GME allocation system to support residency programs to which all payers will contribute (current funding is from Medicare and Blue Cross).

Other strategies not currently proposed but which may show up in the future include:

- Limiting the number of specialty training positions which may increase competition and perpetuate discrimination against women physicians.
- Training a total of 110 percent of U.S. medical school graduates (which may limit international medical graduates).
- Increasing financial incentives directly to primary care residencies.
- Providing positive and negative inducements to encourage students to choose and enter primary care.

In addition, expanding the Public Health Service, and retraining specialists to provide primary care may all be part of medicine in the future. There also will be an increasing role of the "mid-level" providers, i.e., physician assistants and certified nurse practitioners.

It is too soon to know how medicine will be affected by these changes. Certainly, these changes will take years to implement and decades to assess. Providing input to your legislators will have an impact.

BULLETIN BOARD

Reproductive Health Awards

To recognize physicians who have made outstanding contributions to reproductive health for women despite an increasingly hostile environment, AMWA has announced its first Reproductive Health Initiative Awards. The \$10,000 national award and five \$1,000 local awards will be presented to male or female physicians who are prominent and well-known current reproductive health care providers.

AMWA will consider candidates who have dedicated their personal time and professional careers to providing quality reproductive health care services, including abortion services. Potential awardees will be those who have provided leadership and education, and promoted reproductive health issues on national and local levels.

To be considered for the national award, candidates or nominators should provide a nomination statement between 50 and 250 words, and send it with a CV, nomination form and other relevant supporting information to AMWA by **Friday, July 22, 1994**.

For a national application, contact AMWA. To be considered for a local award, contact your AMWA branch.

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procedure-oriented specialties. Another possible benefit of health care reform is the leveling of physicians' income, rewarding the cognitive skills required of taking a thorough history from an elderly patient equally with inserting a pacemaker. Removing the financial disadvantage of selecting primary care will increase medical student interest. AMWA supports equitable changes in physician reimbursement.

AMWA is committed to health care reform that is universal, and fair to patients as well as physicians. AMWA believes students should have free career choice based on accurate understanding of the rewards. Our medical schools need students to push for the long overdue changes to educate in primary care.

MARK YOUR CALENDAR

June 24-27, 1994

AMWA's Interim Meeting
*Women's Health in
 Health Care Reform*
 The Washington Court Hotel
 Washington, D.C.

November 2-6, 1994

79th Annual Meeting
*Women Promoting Women's Health:
 Empowering Our Global Family*
 Disney's Contemporary Resort
 Lake Buena Vista, Florida

Region VII Conference

When: September 24, 1994
 Where: Mahoney State Park, Omaha, NE
 Topic: "Domestic Violence"
 Contact: Kay Shilling, MD; 402/393-4355

Newsletter Committee and Staff

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**Special thanks to Janet E. Freedman, MD,
 and Susan C. Stewart, MD, for their help
 with this issue.**

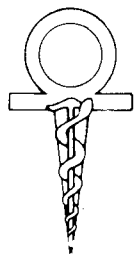
AMWA Thanks Members

AMWA wishes to thank the following individuals who have recruited 230 members in the 1993-1994 Leah J. Dickstein, MD, Recruitment Campaign from October 1 to January 31, 1994:

Leah R. Baker	Gladys F. Frias	Kaaren Nichols, MD
Jodi Bayley	Deborah Garrelts	Sally Niermann
Deborah E. Blue	Melissa L. Hardiek	Kristine O'Phelan
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