

AAMC-OSR Physician Policymaker Interview Series: Senator Bill Frist, M.D.

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This is one in a series of interviews that will examine the careers of physician policymakers, the state of the healthcare system, and how students can affect policy discussions. If you have suggestions for future interviewees, comments, or questions, feel free to contact Katherine Iossi at katherine-iossi@uiowa.edu.

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Senator Frist graduated from Princeton University with a concentration in health care policy. He then attended Harvard Medical School. Frist went on to complete a surgical residency and to become chief resident at Massachusetts General Hospital. He completed a fellowship in cardiothoracic surgery at Stanford. After his fellowship, Frist joined the faculty of Vanderbilt where he helped found the Vanderbilt Transplant Center. Frist became one of Tennessee's U.S. Senators in 1994, and won reelection in 2000. He went on to serve as Senate Majority Leader from 2003-2006.

Q: What motivated your decision to take a leave from medical practice in order to pursue politics?

A: I'd spent 20 years in medicine, from medical school through research and active clinical practice of heart and lung transplantation, serving patients one on one. Through politics, if successful, I could serve many at one time.

In the patient-doctor interactions of my daily practice, I became increasingly aware of the challenges facing society at the time. Patients tell you their heartfelt stories in the intimacy of this environment. Patients everyday described a broken welfare system that stripped away their dignity, an education system that was simply not preparing our youth for the 21st century where they would unquestionably be competing with others from around the world, a health care system that was leaving too many people out in the cold with costs escalating beyond their reach. Focused at the time on the health of the individual patient in my office, I began to think about the health of the community, the health of many, and how I might possibly make a difference.

I had never served in public office and had never run for public office. But I had seen in my field of transplantation that public policy could make a huge difference in our lives. Talking to doctors' groups and Rotary clubs across the state with a message of encouraging putting the organ donor card on the back of the Tennessee driver's license, and then having that occur, I saw that "lobbying" and politics and policy really do matter--and that through policy, attitudes can be changed and lives can be saved. I then volunteered to serve on a statewide Medicaid panel and there saw firsthand the importance through policy and government of keeping programs that take care of 800,000 poor Tennesseans current and responsive to the people's needs. Politics matter.

So my interest expanded from health of the individual, delivered one on one, to health of the community (and the state, and the country), one on many.

Q: How do you think your medical training affected your policy decisions?

A: Hugely. In medicine we are taught from day one to diagnose a problem and then fix it. Diagnose and fix. Isn't that what we expect our political figures to do? Our training focuses on developing and continually refining the disciplines of unbiased evaluation and diagnosis, care and treatment, and then being ethically accountable for that diagnosis and treatment, all in an environment built on honesty and trust. Oh, how I wish the typical career politicians could have just a bit of that training! What is missing so much in Washington today is the underlying grounding, the foundation, of unbiased and careful diagnosis, action, and accountability.

On top of this, the rigorous discipline of medical training, of staying focused on what is good for the patient (the constituent), and the ultimate commitment of service to others are all what make a great physician – and a great public servant in politics. Both are noble professions.

Q: What role do you think physicians currently play in politics? What role should they play?

A: I believe strongly in the concept of the citizen legislator, one who goes to Washington with real-life (nonpolitical) experiences, serves for a period of time (not forever!) to the best of his or her ability drawing upon these real-life experiences, and then comes home to live under the laws they pass.

Ironically, although not so much today, physicians have played a prominent role in our nation's political history. In the last half of the past century only one doctor was elected to the U.S. Senate -- that was me. But the 50 years before that there were 5, and the 50 years before that there were about 12, and the 50 years before that there were over 20. The physician had a seat at the table earlier in our history. And with a seat at the table their views were expressed and felt.

I hope we can reverse this unfortunate trend away from the physician-legislator for a lot of reasons. But the one most important is that health care today, with the changing demographics of the doubling of number of seniors over the next 30 years, is, I strongly believe, the number one most challenging and most pressing domestic issue facing our society.

We need to have physicians at the table to address this challenge.

Q: How would you recommend increasing physician political involvement, and should we expect physicians to increase their involvement despite all of the time pressures of maintaining a practice?

A: The trend away from the citizen (and physician) legislator has occurred for many reasons, though I think that will change since health care and the uninsured are becoming such a large issue with the costs and huge gaps that exist. In the past physicians have expressed their “public and community service” through their care of patients 24 hours a day, and thus have tended not

to take active roles in communities in non-medical fields. They tend to be underrepresented on school boards and in community giving projects.

With falling reimbursements, and thus the pressure to spend even more time working clinically, coupled with the increased red tape and paperwork demands that have become such a dominant part of the doctor's practice today, there is less time and energy left for the typical physician's personal involvement. Priorities have to be set. Family and patients come first, and should.

But without physician participation bad trends will continue.

On the positive side, I predict we will see a marked increase in interest by doctors in public policy over the next 5 years -- a realization that it is in some large part through public policy (and politics) that gaps in health care will be reduced, the uninsured more adequately cared for, poverty addressed, and an environment conducive to job creation developed. Policy can change reimbursement in a positive way, can reduce paperwork, and can return focus to the doctor-patient interaction. But someone must stand up and argue the policy -- and that is the responsibility of the physician.

Doctors must engage policy makers and the political process. Study policy in medical school. Become an active member of your local medical society. Join policy committees. Take time to visit with office holders and share your thoughts on how government can improve healthcare. It's incumbent upon us as medical practitioners to do everything possible to shape a system that best meets our patients' needs.

Q: As you know, the medical school curriculum is dense. Do you think medical schools can and should provide an in-depth education on health policy?

A: Seventy years ago dad had no formal training public policy. I, 40 years later, in college majored in public policy, concentrating on health care as well as the usual pre-med curriculum. But in medical school and residency, there was a vacuum. Ironically, some of the active clinical professors even discouraged "dabbling" in fields outside of the science of medicine. They were wrong at the time. And they would be dead wrong today. Without understanding the fundamentals of public policy in health care, you simply cannot be as effective as you must be ... if we are to reverse the trends that are stripping much of the joy and effectiveness of being a doctor.

It's critical that healthcare providers understand the policy arena to affect change within the system. The policymakers need your input to understand the realities of health care practice. They don't get it today. Your elected representatives have a thousand things to deal with everyday; health care is only one of many issues. Only doctors (and nurses) who can articulate the real issues based on real experience can educate them. And the way for you to be most effective is to fully understand the health policy issues of the day and how to articulate them within the policy arena.

Q: What do you see as current challenges of the US healthcare system?

A: That's easy. It is the cost of medical care that has grown beyond the reach of the average American. The cost leads to enormous gaps in insurance, in health care disparities among socioeconomic groups, in access, and thus in delivery. The answer, I believe, lies in a vision of a patient-centered, consumer-driven, provider-friendly healthcare system (yes, a "system") that is driven with three fuels: the unprecedented 21st century information made possible by technology today, expanded choice, and an element of control which provides a safety net for those who cannot provide for themselves.

Q: What do you think it is going to take to bring about change in the way health care is delivered in the United States?

A: It will take national leadership that must begin at the top, namely the President of the United States. We must educate the public in the meantime to build a groundswell of understanding of what is at stake -- that the status quo is not sustainable.

In just 30 years we won't have a dime of revenue in the federal budget to pay for anything other than Social Security, Medicare, Medicaid and a part of our interest on the debt. When Americans recognize that fact, and then combine it the crushing costs faced by patients throughout the country, I believe the pressure for real change will be too great for the status quo to remain. But it demands leadership by physicians to bring about this change. And to shape the outcome when it comes.

Q: What can our generation do to make the system better?

A: Focus on the patient. The patient is everything. That means not only good care (continuing medical education, eliminate errors, invest in information technology and spend the time adopting electronic medical records) but cost effective care that centers on outcomes and that is values-based (best outcome on the dollar invested). That is what you must do in your everyday practice.

In the policy arena, the doctor needs to be in the education business. Educate society as to the realities (the needs as well as the great good of our health care sector today). It means taking time to spend on health policy outside of the daily practice of medicine, as hard as that might be. It's for the good of the profession ... and the good of the patient.

Q: How can medical students get involved in policy and systems change and balance it with already busy lives?

A: Take a course, even if an elective, on public policy of health care. It will save you years of future reading when you are even busier than you are now. Invite outside policy makers for special speaking engagements on your campus and interact with them over lunch informally. If

you are near a capital city, organize a day to lobby there ... really just tell the story as you see it (student debt, falling reimbursement, the uninsured, the spiraling cost of health care).

Q: Do you see the rather dramatic increases in medical student debt as acceptable or problematic?

A: Here is an issue where you are the expert and no one else can tell the story to the policy makers better than you. A perfect first step is to write an op-ed for you local paper. Most Americans would not believe the amount of debt you graduate with ... and with falling reimbursement how many years you must work to pay off that debt.

Q: You have a free forum here to directly address hundreds of future physicians. What do you want them to know?

- A:
1. Policy and politics matter. Get involved.
 2. You are in the most noble of all professions.
 3. As a doctor, you will have “range” for the rest of your life that no other profession can provide. You can be a clinician, a researcher, a teacher, a medical missionary, and a senator – take your pick or do each of them, as I have chosen to do.
 4. Your mission is to serve others in every action you take.
 5. Spend time with your family.