



August 22, 2014

President Barack Obama
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear Mr. President:

We now spend 20 percent of our GDP - an estimated \$2.8 trillion for 2013 - on health care. I'm sure you realize that to successfully implement the objectives of our nation's Health Care Act, systemic changes need to be made to our Health Care System.¹

I write as President and founder of the International Association of Medical Colleges (IAOMC) to share a few thoughts on just how to successfully resolve many of the major systemic problems, which are causing our system to be the most expensive in the world. After spending several decades as a New York based attorney specializing in medical licensure and credentialing issues I appeared in over twenty States.

There are four orders the Executive Branch is constitutionally authorized to take:

1. President's Advisory Counsel on Medicine
2. Department of Education recognize an International Accreditor
3. Reduce the Cost of Medical Education
4. Authorize Studies on Malpractice and Necessary Courses

President's Advisory Counsel on Medicine

Currently, there is a shortage of licensed physicians and health care practitioners.² Clearly these are, for the most part, the product of successful lobbying efforts by private health care membership groups that effectively restrict the numbers of licensees. With increased use of health care by an aging population this shortage is certain to become worse. State licensure laws (and rules) are implemented by each State licensure Board.

Dr. Milton Friedman, a Nobel Laureate in Economics, opined the American Medical Association controlled the systems governing the number of Physicians.³ The restrictive systems used by physicians have also been successfully used in many in the allied health sciences.

¹ To fully understand the existing system, listen to an expert presentation at the Federation of State Medical Boards meeting in 2009. [Link to audio file from Federation of State Medical Boards Presentation](#)

² <http://www.usatoday.com/story/money/business/2012/10/20/doctors-shortage-least-most/1644837/> see also <http://www.nytimes.com/2014/07/20/opinion/sunday/bottlenecks-in-training-doctors.html?module=Search&mabReward=relbias%3Ar%2C%7B%221%22%3A%22RI%3A5%22%7D>

³ The reader can hear Milton Friedman express his opinion at <http://www.youtube.com/watch?v=MAjOryNaDKA>

Federally operated Health Care facilities, such as VA hospitals, now automatically approve of the licensure system governed by any State agency under their laws and rules.

There is a solution. The President could issue an Executive Order to create a President's, "Advisory Counsel on Medicine" whose chartered purpose would be to recommend policies to govern a nationwide *Federal* health care licensure system for those employed by, or paid by, the Federal government. This Council should determine and report on the root causes of healthcare provider shortages.⁴

A newly created Presidents "Advisory Council on Medicine" would also have likely standing to successfully solicit the cooperation of major insurance companies that could provide payment data, which will improve the quality of health care delivery⁵

Department of Education needs to recognize an International Accreditor

The principal of openness and transparency, embraced by the current administration, is essential when private medical organizations that provide medical school accreditation use its position to restrict its member's numbers. Obviously, this is not in the public's interest. Thus the entire accreditation process should be required to be open and transparent. The Liaison Committee on Medical Evaluation (LCME) refuses to become open and transparent and the US Department of Education relies on its National Commission on Foreign Medical Education's (NCFMEA) evaluation. The NCFMEA does not verify the applicant nation's data for it's comparability to the United States' (LCME) standards.

If the US Department of Education recognizes IAOMC as an International medical school accreditor it would discover that IAOMC is open and transparent and will accept applications from any nation's schools. But IAOMC actually sends site visitors to inspect to verify the information provided.

The LCME refuses to leave the fifty States, Puerto Rico, and Canada. A system that lacks verification has led to corrupt nations being recognized as having "standards comparable to those in the United States".

Reduce the Cost of Medical Education

How to permit Massive Open Online Courses (MOOC) to be recognized when the medical courses taken are comparable? See The Chronicle of Higher Education on "What you need to Know About MOOC's".⁶ The cost of medical school could be reduced if a Presidential Commission reviews establishes standards for review of MOOC medical courses and are found to have the content and delivery standards they could be federally accredited.

The Armed Forces Medical School is federally owned and operated. Its allopathic medical school has been accredited by the LCME since 1976. The LCME, is owned and operated by the American Medical Association (AMA) and the American Association of Medical Colleges (AAMC), It is doubtful they have provided nationwide approval for MOOC medical courses, which usually issue a certificate that is not acceptable for credit from a different school.

⁴ For background and discussion on these issues see: (<http://www.iaomc.org/profit.htm>) and the document presented to the Medical Board of California that follows and is entitled, "The System's Broke And Three Suggestions On Where To Begin Improving It."

⁵ , see: (<http://qualitysafety.bmj.com/content/12/5/330.full>)

⁶ "see (<http://chronicle.com/article/What-You-Need-to-Know-About/133475/>).

State licensure laws require medical practitioners to be having passed the licensure exam. The accredited school certifies its graduates to allow them to take the licensure exam. Federal licensure law could accept an Armed Force Medical School degree that accepted appropriate MOOC courses and recognize qualified clinical experience to issue a degree.

Currently, foreign medical graduates are permitted to take the US licensure exam when the privately owned Education Commission for Foreign Medical Graduates (ECFMG) sponsors the exam.

Authorize Studies on Malpractice and Necessary Courses

There is a shortage of a commitment to control cost and maintain excellence. Instead, reliance is placed on the politically popular clique, "We have the best medical system in the world." This is said so many times most people believe it. A brief review of the data gathered by the United Nations or the World Bank will establish the fallacy of this claim. The United States has a life expectancy of 78.4 years at birth, up from 75.2 years in 1990. The U.S. ranks 50th among 221 nations, and 27th out of the 34 industrialized OECD countries, down from 20th in 1990. However, the U.S. is by far the most expensive in the world. According to the World Health Organization (WHO), the United States spent more on health care per capita (\$8,608), and more on health care as percentage of its GDP (17.2%), than any other nation in 2011. A 2013 study found that about 25% of all senior citizens declare bankruptcy due to medical expenses, and 43% are forced to mortgage or sell their primary residence. These problems should be addressed by a Presidential Commission.

Federal hospitals hire individual medical practitioners relying on private accrediting organizations that are not open and transparent. Accreditation as authorized by State laws is in the control of private organizations whose self-interest often conflict with the public interest. These same organizations maintain secrecy. See the LCME report's last paragraph to the University of Alberta's on IAOMC's data bank, "The report is held confidential by the LCME".

There is a paucity of studies on the extent and causes of medical malpractice.

A Presidential Commission could also discover why only four nations in the world insist on a college degree as a requirement for medical school admission. Thus the length of pre-med is four years of college and four years of medical school. Then to specialize residence training would be three to five years more. Ever other nation requires a high school diploma and five years of medical school and graduate competent physicians. The effect of the unnecessary extra years of education merely increases the cost and slows the number graduating doctors.

Respectfully,

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