An MMA president’s tenure is brief. He or she is inaugurated and, in what seems like the blink of an eye, hands over the presidential medallion to a successor 12 months later. When their term ends, they don’t stop caring about issues that affect their profession.

We recently discovered that as we spoke with four who led the MMA more than two decades ago: Robert Christensen, M.D. (1989); Richard Tompkins, M.D. (1990); Thomas Stolee, M.D. (1991) and Stuart Hanson, M.D. (1992). All have remained busy in retirement. Some are still active in the MMA; others are just active. Christensen serves on the MMA Foundation board, teaches English as a second language to middle school and high school students in Minneapolis, and is involved in his parish’s Outreach to the Poor program. Tompkins splits his time between Florida and Minnesota. Stolee also spends part of his year in the Sunshine State, where he has served on several medical boards. Hanson serves on the admissions board of the University of Minnesota Medical School, volunteers with a group that studies workplace behavior in medicine and advocates on behalf of Physicians for a National Health Program.

Some things changed
Plenty has changed over the past 20-plus years, the former presidents acknowledge. Some of it is good. For example, Christensen says technology “is creating real hope for more effective, efficient, safer and less-costly systems of health care delivery.”

Tompkins agrees, noting that physicians today can make more accurate diagnoses less invasively than when he was practicing. They also have better treatment options, and he is encouraged by what is on the horizon. “There is increasingly better understanding of the genetics of diseases that will allow therapies to be developed for individual patients, making them more effective with fewer side effects,” Tompkins says.

They are less enthusiastic about some of the changes that have happened. Stolee is concerned that third-party payers and their reimbursement policies have come between physicians and their patients. He says when “Wall Street discovered health care was a cash cow,” the profession became more of a commodity than a service. He believes payment is something that should be discussed between a physician and the patient, except in cases where there is a catastrophic event. “If payment comes from a third party,” he says, “the patient couldn’t care less” and is less engaged in the cost decisions. The result is burgeoning health care costs.

Hanson sees fee-for-service payment as contributing to our high health care costs. Fee-for-service has led to “overtreatment

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of the overinsured and undertreatment of the underinsured.” He says he is hopeful that the Affordable Care Act, which ties payment to quality, will create a system that “is more beneficial for the population.”

“We must figure out a way to pay for quality rather than quantity of medical care,” Tompkins adds.

Others stayed the same
Not everything has changed, though, the former presidents say. “I think most of the issues I dealt with are still around—just in a different form,” Tompkins says. For example, there’s the issue of access to health care. Back in the early 1990s, the MMA worked to expand health care coverage to the working poor who earned too much to qualify for Medicaid, helping to create what became known as MinnesotaCare.

“I spent many days with the state Senate, House and governor presenting the views of the MMA,” Stolee recalls. “We were very much in favor of the program to assist the underinsured and uninsured,” he notes, admitting that the MMA was strongly opposed to the 2 percent tax on health care services that was instituted to help fund MinnesotaCare. The tax is now set for repeal at the end of 2019.

Two decades later, the state is still working to provide health care coverage to all Minnesotans. “I think we’ve gone backwards,” says Hanson who still believes this is the biggest issue in health care today.

The four mentioned other concerns that are still around, including health disparities among various sectors of the population, the consolidation of medical practices and hospital systems, and tobacco and drug addiction.

If they were president now
We asked the four former presidents what issues they’d tackle if they found themselves at the helm of the MMA again.

Stolee says he would focus on engaging physicians to help fight for the profession. “Physicians feel incorrectly that their employers will take care of their problems and represent them to the public and government,” he says. “Physicians have to represent themselves as physicians, and the only effective way is through organizations with their colleagues.” He says he is dismayed by the number of local component medical societies that are folding.

Christensen would like to see more of a focus on disease prevention. “What are ways organized medicine can facilitate more real and lasting chronic disease prevention through foundations, social service agencies and schools? Our future societal need for acute health care intervention should be viewed, largely, as a failure of our disease-prevention programs.”

Tompkins says he would focus on increasing the number of physicians and nonphysician practitioners in order to address the primary care shortage. “These two groups need to work better together and cease being in competition with each other,” he says.

Hanson agrees. Mid-level providers can meet the need, “but physicians are not supporting [expanding the scope of their practice],” he says. “We should embrace [the expansion]; we shouldn’t resist it. Move forward and promote it.” He also says the MMA should be looking more closely at a single-payer system. “We have public education. We have public support for food and housing. Why not [public] health care?”