WASHINGTON — Physicians are increasingly willing to cross party lines on the issue of health care reform, but convincing lawmakers may be their biggest hurdle.

It’s in physicians’ best interest to be involved in the debate over health care reform, Rep. Tom Price (R-Ga.), also an orthopedic surgeon, said at a national advocacy conference sponsored by the American Medical Association.

“What do you think is holding the current health care system together?” Dr. Price asked the audience. “You. It’s the al-trusim of the physicians of this nation. That’s what is holding this system togeth-er. It’s the only thing holding it together.”

The conference brought physicians together with members of Congress from both parties to talk about the uninsured and other issues. Lawmakers encouraged physicians to participate in finding solutions “because I am glad to hear what Democrats and Republicans have to say,” said Dr. Charles Anderson, a family practice physician in group practice in Naples, Fla. “We’re not going to get anything done if we can’t get some kind of consensus.”

The need to come together to deal with this problem seems to be welling up within organized medicine: “The profession needs a focused and shared vision of what should be done about the uninsured.”

There is also increasing pressure from younger members of the AMA, especially those in the organization’s student and resi-dency sections, to place more emphasis on the uninsured, meeting attendees said.

While the uninsured has been a top priority for primary care groups such as the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics for some time, the AMA has focused much of its considerable lobbying clout on fixing Medicare’s sustained growth rate-based reimbursement formula and coping with the economic damages in medical malpractice cases. To date, the uninsured problem has ranked a distant third.

These priorities are still the primary pocketbook issues for private practice physicians. Doctors’ offices, which operate no differently than many small businesses, are having difficulty keeping their doors open, and are particularly squeezed by rising overhead and diminishing reimbursement, said attendees.

As physicians’ profit margins have fallen, so have their abilities to shift the cost of caring for the uninsured, which is why many don’t see the uninsured as a separate issue from Medicare reimbursement and liability insurance premiums, said Dr. Anderson. That perspective may not win over politicians, advised Dr. Price.

“Always talk about the patient, even when you are talking about medical liabil-ity. I think it is true that your medical liability premiums have skyrocketed, but I promise you not a member of Congress gives a hoot, not one of them. But they do care that you can’t see patients because of that and that your patients can’t see specialists because of that,” he said.

However, he and other lawmakers at the conference were not able to provide physicians with much hope that anything substantial will get done on any of these issues this year.

“The remarkable partisanship in which we currently find ourselves is absolutely suffing,” he said.

That partisanship has made it difficult to move on any comprehensive propos-als for dealing with the uninsured problem and was on display at the conference. When the Republicans ask people to put some skin in the game by encouraging high deductible plans linked with health savings accounts, Dr. Price said that real doing is extracting a pound of flesh from the poor and the sick, which will eventually cost us more money and leave our nation sick-er than it was before,” said Rep. Edward Markey (D-Mass.).

Dr. Price, who served four terms in the Georgia state senate, remarked that the worst day in the state legislature is like the best day in Congress. And it is to the states that physicians may have to look for more immediate solutions.

Reform will ultimately trickle up from states such as Maine, which is in the process of implementing a novel public-private partnership that promises to provide access to health insurance for all of the state’s 130,000 uninsured by 2009.

“It’s wonderful to be a member of Congress and talk about the issues of the day. But I do think it’s important at the end of the day to get something done. My expe-rience has been that people want solu-tions. They want real answers. They’re not looking for 30-second sound bites,” Gov. John Baldacci, D-Maine, said at the meet-ing. The state’s approach, DirigoChoice, was named after the state motto, which is Latin for “We lead.” It was the culmination of a sweeping discussion including physi-cians and other stakeholders, he said.

“It wasn’t done behind closed doors. It was done out in front of everybody. ... if they were going to buy into it, they needed to have some ownership in the process itself,” said Gov. Baldacci.

Physicians need to play a more central role in reforming the health care system to help make that process more productive, said Dr. Lewin. “Either we just sit and wait for a single payer system, or we propose something better,” he warned.