



# North Coast Physician

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## Cover Photo

**"HERON HEAD"**

ROBERT SOPER, M.D.

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## **“The Passing of a Canine Clinician”**

**Luther F. Cobb, M.D.**



Since I was a young lad, I have always been fond of dogs. The description of "man's best friend" has certainly been my experience. My first dog (actually my dad's) was Queenie, a short haired pointer that Dad used to hunt quail. I accompanied him on a few of those hunts, but when she was at home at our house in Pine Bluff, Arkansas, she was my dog for sure. She was very sweet and tolerant of a young guy trying to ride on her back as if she were a horse. I have a vivid memory of when, as she got older and less vigorous, and sick, that she took a trip to the veterinarian's office and didn't come back out. I was pretty young at the time, so it took a while for me to figure out that she was never going to come back, and it is still a memory both sweet and bitter. Such is our experience with our companion animals, as unless they are giant tortoises or African parrots, they are not likely to survive us. We accept that necessity as a condition of our relationship with them, but that doesn't really make it any easier when the time comes to part from them.

When I married Ellen, her 7 year-old son was a wonderful bonus. He immediately began a campaign for a dog. Ellen told him that in our new family, children could get their own dogs when they were ten years old. This was to ensure that the child could fully participate in pet care and training, and that during adolescence, that child would always have a friend who would love them unconditionally.

That worked out pretty well for David and his sister. What we didn't recognize was that when our children left for college their dog would help us with any empty nest sadness, as the dog reminded us of their owners every day. And the dog made them feel like celebrities every time they came home for vacations. Even when the kids left the nest, we continued to adopt dogs. We specialized in rescue terriers, because they can be difficult and are frequently

misunderstood. Over the 36 years of our marriage, we have had a total of 9 terriers. We almost always had two at a time, but at times three, depending on who needed a home.



Until last week, we had three, including the most remarkable dog I have ever known, Eugene the Jeep, aka "Jeep". Jeep came to us from Russell Rescue. JRT's as we call them, are pretty popular with the public because they have been seen in TV and the movies, like the dog Uggi in the movie The Artist, or Eddie on the TV show Frazier. Those animals are truly remarkable, but what is not immediately apparent is that they are incredibly energetic fellows, who require a lot of room and a lot of attention, and they can be too much for some people to handle. The negative aspects of their intelligence and energy are in full display if they are abused, however. Russell Rescue takes in JRTs that their owners can't handle, or who have lost their home due to death or divorce.

Ellen drove down to Placerville to pick him up, sight unseen. At the time, he had pretty much decided that human beings were not worth bothering with. As we found out later he had received a lot of abuse from his first several owners in his early years, up to and including getting beaten and shot with birdshot.

He had finally found an owner who started his rehabilitation, but who died of a stroke shortly after adopting Jeep. Jeep was done with people, and on the way home made his point by repeated half-hearted escape attempts in his attempts to become a feral dog.

He was really, really wary of us for the first year, and we could not let him run free for the first 6 months. Until he realized that he was in a safe and loving home, and he became familiar with the hill we live on and decided he was the boss of the neighborhood, he remained aloof, but that changed over the first year. Ellen made the crucial call of choosing a name for him, and thought it was most appropriate that he be named after the magical dog-like creature from the "Popeye" cartoons, Eugene the Jeep. Eugene looked like a dog, but was so much more, as described in his Wikipedia page.

He became the most intelligent and affectionate dog I have ever known, mine or anyone else's. We adopted him around age 3, and he lived to a bit over age 17, and was active, affectionate, and playful until the very end. Several years ago, he became our office "therapy dog". He had a tremendous insight into people, and could pick out those folks in the waiting room who needed love, and most of all reassurance that they would be okay. With great dignity and intelligence he led them to believe that he understood suffering, and hope. He gave that love generously, only asked for the occasional pat, treat or a squeaky duck toy to play with. He put up stoically with the two younger terriers in our household that would occasionally pester him, but he never nipped or acted surly. He was a real, sentient, loving fellow.

**“Jeep”, Continued on Pg 19.**

# Physicians for a Healthy California New Solutions to Expand Access, Address Chronic Physician Shortage

By Adam Dougherty, M.D.  
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It's not the CMA Foundation that you used to know! The "public health arm" of the California Medical Association has gone through a seismic transformation over the last two years, and we're only getting started. We've got a new name (Physicians for a Healthy California, or PHC), a dynamic new president/CEO in Lupe Alonzo-Diaz, a revamped board of directors, a growing staff, and an exciting new set of multimillion-dollar projects that puts physicians at the front of the effort to address health access and disparity issues in our state.

These projects fit well into the mission statement that PHC adopted over a year ago: "PHC is dedicated to improving community health, growing a diverse physician workforce, and promoting health equity." The chronic physician shortage in our state is well recognized, and PHC's new programs will create real solutions to expand access to physicians in the communities that need it the most.

These projects were made possible by Proposition 56, which was passed by voters in 2016. CMA led a coalition of parties to create and pass the tobacco tax initiative. CMA included two provisions in Prop. 56

that target funds to fuel our efforts to expand California gradual medical education (GME) residency programs and help pay down student loan debts for physicians who serve the underserved.

\$40 Million to Fund Residency Training Recognizing the demand to train more physicians in California and keep them in the areas with the greatest need, Prop 56 allocated \$40 million to fund residency training in the state, mostly those in primary care and emergency medicine. PHC is contracted to administer these funds, and the priorities for granting them include a

***"PHC", Continued on Pg 18***

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## **“Federal”, Continued From Pg 5**

vider directories. CMA and all of organized medicine strongly opposed this bill as well. At least ten members of the subcommittee expressed concerns that this approach would harm physicians and seriously compromise patient access to physicians. Members of the subcommittee urged the full Committee Chairman to work with them to develop a compromise before the full committee vote. These concerned members, led by California Congressman Raul Ruiz, are meeting with the Committee leadership over the next week to discuss alternatives.

CMA leaders have been in Washington, D.C. advocating for the Ruiz-Roe bill and educating members about the unintended consequences of the California law. CMA has been in a full-court press on this legislation. Congress will recess during the month of August and CMA will be conducting meetings with all Members of the California Congressional delegation at home in their district offices. CMA will undertake a hard-hitting grassroots campaign to educate Members of Congress about the profound negative consequences of the Senate HELP and House Energy Commerce Committee bills. We will be urging our Congressional delegation to cosponsor the Ruiz-Roe NY model bill.

### **Additional legislation**

**Prior Authorization Reform:** CMA is supporting a bipartisan bill “The Timely Access to Care for Seniors Act,” authored by California physician Congressman Ami Bera, MD that will reform the Medicare Advantage Prior Authorization system by reducing administrative hassles for physicians and patient care delays.

**Lowering Prescription Drug Costs:** Congress continues to move legislation aimed at curbing prescription drug prices and drug pricing transparency. CMA is fully supportive of these efforts. However, CMA is strongly advocating that Congress

authorize Medicare to negotiate drug prices with drug manufacturers. The Veterans Administration is allowed to negotiate with the drug-makers and their prices are much less than Medicare.

**Physician Supply:** With CMA/AMA support Congress reauthorized the Conrad 30 J-1 VISA physician program and several committees are successfully moving legislation to reauthorize the successful Teaching Health Center Primary Care GME program.

**Medicare Physician Payment Update and MACRA Regulatory Relief:** CMA continues to work with AMA to achieve a Medicare physician payment update in 2019 legislation as physicians face a five-year payment freeze. We are also working to obtain a significant reduction in MACRA-related administrative burdens.

### **I. REGULATION**

#### **Electronic Health Record Interoperability Enforcement Regulations**

CMA submitted comments on the recent regulations promulgated by the Office of National Coordinator that would promote stronger enforcement of the HIT interoperability laws on vendors and hospitals. It would strengthen enforcement, increase penalties for data blocking, reduce vendor fees and gag clauses, require real-world testing of EHRs, and modernize interoperability standards – all of which are creating practice burdens for physicians.

Trump Administration Rules to Reduce Eligibility for Federal Poverty Programs  
CMA joined its coalition of state medical societies in opposing recent Trump Administration rules to reduce eligibility for federal poverty programs, including Medicaid.

## **“PHC”, Continued From Pg.**

preference for new residency positions in under-served areas.

Named the CalMedForce Program, a board and advisory council comprised of subject matter experts were tasked with steering the funds. In all, 131 programs requested \$147 million to expand their numbers, and PHC ultimately awarded \$38 million to 73 residency programs supporting 156 residents. Of these, 82 are brand new residency slots.

Clearly, there is an even greater need in California than we can answer. While initially a one-time allocation, we are thrilled that Governor Newsom’s 2019- 2020 budget includes this funding as an ongoing appropriation.

Up to \$300,000 Available to Pay Debt  
Prop 56 also allocated \$220 million to assist physicians and dentists with significant student loan debt who are committed to serving Medi-Cal beneficiaries. The CalHealthCares Loan Repayment Program payments will be made to awardees who are accepted over a five-year period, so the program actually extends to 10 years to assist those chosen in the fifth year. Individual awardees are eligible to receive as much as \$300,000 to repay educational debt incurred in pursuit of a medical or dental degree.

The first cycle attracted more than 1,200 applications from physicians and dentists who agreed to see more of California’s 13 million Medi-Cal patients in exchange for repayment of their student loans. In all, requests totaled more than \$300 million, and the 2019 awards will be announced by June 30. We received even more good news to help meet this need, as Governor Newsom’s revised 2019-20 Budget proposes an additional \$120 million for loan repayments.

*Adam Dougherty, MD practices Emergency Medicine at Sutter Medical Center in Sacramento, a member of the Sierra-Sacramento County Medical Society and serves on the board for Physicians for Healthy California.*

**“Jeep”, Continued From Pg. 4**



He was my best little buddy ever. He even got an award from the Cancer Society's "Bark for Life" as the "Hero Dog of the Year". in 2018 by popular acclaim when the patients in our office told the story of what comfort he gave them. He wore the accolades nonchalantly. We were not the only ones to fall under his spell; many of our patients, upon learning of his passing, commented on how much they would miss seeing him in the clinic.

Last week, the time came for him to leave this world. He knew it, and was ready to rest. He could no longer prance around, he had arthritis, cataracts, and his hearing was not good either. But he maintained a good humor about it all, as those of us humans getting on in years understand. Our veterinarian (who several years ago overcame a serious illness herself, with the help of Stanford, her family, and our cancer program), came to our house to ease him gently across the Great Divide in a true sacred encounter. Ellen and I, along with Cindy, our office manager of over 20 years, were there and we all wept unashamedly as he slipped away.

It may seem an exercise in anthropomorphism to attribute human emotion and sentiment to a dog, but one look into Jeep's eyes would assure one that inside his small body dwelt a true sentient soul, with deep understanding of his and our human condition. There was a remarkable intelligence, and dare I say, a humanity to him.

I miss him greatly, and will never forget what a wonderful creature he was, and how he added to my, and so many others' lives.

**“Well”, Continued From Pg. 10**

USC.

“My lifelong work has been physician leadership and physician empowerment,” said Logan. “It is humbling to step into a role that could make such a great difference in the lives of physicians and the patients that they serve.”

Coriale joins WPCA from Medi-Qualite, where she served as Senior Vice President of Patient Access for the U.S. She previously held executive leadership roles for Medicare for both Humana and Blue Shield of California, where she led the delivery of annual growth strategies, medical and administrative expense targets, and margin targets. She previously was the Director of Pharmacy for the San Francisco City/County Health Plan and practiced as a Pediatric Oncology and Hematology Pharmacist at Massachusetts General Hospital. She holds a Doctor of Pharmacy from Northeastern University in Boston.

“Improving the physician experience is instrumental to the sustainability and viability of healthcare,” said Coriale. “It is an honor to join the team that puts the physician at the center of their own care, helping them to maximize their per-

sonal health and well-being. This increases patient satisfaction, and results in healthier patients.”

*For more information, go to <https://www.cmadoes.org/wellness>.*

**“Modifier, Continued From Pg. 17**

billed is not covered separately and is considered part of the member's primary procedure. Participating providers are prohibited by contract from balance billing the member for this charge.

Service is denied because it is incidental based on the National Correct Coding Initiative as published/maintained by CMS. Participating providers are prohibited by contract from balance billing the member for this charge.

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