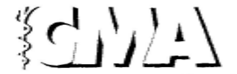
North Coast Physician



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"Frozen Wave - Autumn 2011"
Stephen Kamelgarn, M.D.

The Editorial and Publications Committee encourages our member's comments for publication. Please submit electronically prior to the 15th of the month preceding publication.

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Health Reform: Physicians Leading Change

Paul R. Phinney, M.D.

President, California Medical Association

As I am sure most of you are acutely aware, the medical profession in our country is undergoing rapid unprecedented change.

In a little more than six months, major provisions of the Patient Protection and Affordable Care Act (ACA) – the driving legislation behind the national effort for health care reform – will be implemented, undoubtedly reshaping the national system for delivering care for years to come.

Some of you have already felt the effects of the ACA in your day-to-day practice. Perhaps you have treated a patient whose only avenue for coverage was a temporary high-risk pool plan designed to ensure that her pre-existing condition could no longer be denied coverage. Or maybe you have simply noticed an influx of young adults into your office, a result of the provision allowing children to remain on their parents' insurance until age 26.

While these reforms are laudable, the bulk of the planned legislative reforms will be introduced and overseen by an entirely new entity in the nation's health care delivery model – state-based health benefit exchanges.

Beginning on January 1, 2014, these state-based exchanges will introduce new, online insurance marketplaces through which consumers will be able to purchase health coverage subsidized according to their income levels. Between the exchanges and the planned expansion of Medicaid programs across the country, as many as 32 million Americans are expected to gain coverage over the next few years.

With the January deadline drawing near, the pace is frantic, and as providers begin to plan for this massive influx of new patients, state and federal regulators are still issuing guidance outlining exactly how these exchanges will function.

We are changing out our jet engines mid-flight, while the runway we approach is still being built.

But while there is still much to be done, California physicians are making progress toward a successful implementation.

Only days after the federal enacting legislation was signed, California emerged as the leader in ACA implementation by authorizing formation of its own health benefit exchange. Now called Covered California, our state exchange has since that time selected an executive director and board who have been aggressively assembling preparing for the opening of a successful marketplace in 2014.This progress has not come easily.

Throughout the effort, the exchange board has been faced with input from many competing interests. Every decision, no matter how large or small, has come with comments and suggestions from payors, consumer advocates, hospitals and, of course, your California Medical Association (CMA).

CMA staff has worked diligently to position our association as a prominent stakeholder in the development and future function of Covered California, ensuring that our state does not end up with a model of health care in which quality is measured in dollars, value is available only to those who can pay for it, and medical decisions are controlled by payors and regulators rather than by doctors.

Only physicians know how to balance medical care wisely as we figure out how to realign incentives towards a sustainable health system and stable fiscal future, and our leadership at this juncture is critical.

Furthermore, with important major tasks still yet to be accomplished, design and implementation of the exchange continues to hold significant risks for California physicians. Only now, roughly six months before the exchange goes live, is the model contract being finalized. Following that, the exchange must select which insurance providers will be eligible to offer a plan in the new, online marketplace.

As these decisions are finalized, it is vital that physicians pay attention, educate themselves and choose wisely the nature and extent of their future participation.

The choices we make today – both individually and collectively – will have important ramifications for how medicine is practiced in California for years to come.

As you consider these choices, you can rest assured that CMA will be there to help.

And as we begin to land our re-tooled aircraft on a brand-new runway, the efforts we have made as physicians and as CMA members will help to ensure a safe, sensible and successful journey into a professional future we have helped to both envision and create.

With only months to go, it is critical that we remember and reaffirm the importance of physician leadership in the California health care reform effort, knowing that absent our involvement and our effort, the default future would have been much different. Physician leadership – in the vision for, implementation of and provision of medical care going forward – is the only way to ensure the people of California have access to the health care system they truly deserve.

Thank you for your leadership. It has – and will – make all the difference.

Where do We Go From Here?

Stephen Kamelgarn, M.D.

What is a physician? This is not a question I ask in jest or as a Jeopardy answer ("This professional gets screwed by the insurance industry on a regular basis.") But this is a question I ask more than a little rhetorically.

For the past 2500 years or so, a physician has been that individual who has listened, cajoled, berated, empathized with, and even cured a few people, who have suffered with illness. For most of history the career of a physician has been more of a calling than a job. He or she may have been more or less (usually less) trained than one would wish. But the important aspect was that the physician was the person who dealt with illness one-on-one. Although there were always the forward-looking individuals who realized that treating disease (usually infectious disease) involved cleaning up the environment: purifying water supplies, adequate management of human and animal waste etc., and turned it into a mission and crusade, the average physician spent hours and days at a patient's bedside offering what little he or she could. But during those long hours spent hand-holding, and little else, the physician was able to actually perform the role of teacher and healer, providing psychic comfort and education.

Yes, I'm well aware that in the past hundred and fifty years, or so, our increasing technological competence has enabled us to do more than was even remotely dreamed of just a few years ago. And, yes, although we're capable of curing a few more people and extending a lot of life expectancies, what really is our role now? For each new piece of technology we use, our actual contact with patients becomes more distant, rushed and impersonal. As our ability to cure people has mushroomed, we seem to have lost many people we actually heal. By healing, I mean providing a substrate of health to allow people to achieve an integration with their environment to allow us to achieve our full potential. This is more than putting yet one more stent into someone's artery or berating them because their A1c is 7.3%. It means creating an environment that allows us to act with compassion and understanding irrespective of someone's basic disease or economic status.

I mean we're living in a society of rapidly accelerating global climate change, increasing school massacres, police-state security apparatus, spy-in-the-sky predator drones, and economic angst as the economy sputters on, to name just a few of the ills that currently beset us. How many of us--how many of our patients--have just given up, and just "go thru the motions?"

On a more immediate level we've become witnesses to the collapse of our medical care delivery system. We're functioning in an ever increasingly dysfunctional delivery system and what do we do? We see over and over again the medical horror stories that many of our patients are forced to endure: endless pre-approvals and denials of vital services, loss of dental and vision benefits, interminable waits to even qualify for diminishing services, medical bankruptcies and rushed visits. All this leading to increasing morbidity and dis-ease. To many patients we seem to be either shills for Big Pharma or greedy little tradespeople. Do we cave in to the anti-human values foisted on us by the whacko system and just "go along?" Do we man the barricades, fighting the good fight in the name of our patients, only to burn out in a vainglorious, losing, individual crusade? The system, as it now stands, is impregnable. Either way we choose to exist within the system, we and our idealistic, humanistic values, will lose to the forces of economic greed, corruption and short-term thinking. Is there not some third way that we can use to make the system more humanistic and fair--allowing people to actually heal themselves and their psyches?

I know that this sounds like some sort of mystical, New Age-y concept of spirituality. But that's not what I mean (Well, maybe a little). But there are object lessons in how we can approach change, and make it change in the right direction.

In the April 15, issue of The New Yorker there's an interesting article by Nicholas Lemann ("When the Earth Moved: What happened to the environmental movement", pp 73-76) about the very first Earth Day in 1970, and how the environmental movement has changed in the past 40 plus years. He feels that the movement scored its greatest victories in the early 1970's: the Clean Air Act of 1970, the Clean Water Act of 1972, the Endangered Species Act and the creation of the Environmental Protection Agency in 1973. Forty years later, with vastly greater access and budgets, the environmental movement suffered its greatest defeat when Congress wouldn't even consider a global climate change bill that had been crafted over ten years. Mr. Lemann feels that the movement went from working on a small, local level in 1200 different locations, and it had morphed into a "top down," "rubbing shoulders" with the power brokers and insiders. As the movement moved more "inside" it became a lot more accommodating, incremental, and ultimately less effective.

That article got me to thinking of our

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June 5: A Guide to Updating Your Partnership and Shareholder Agreements

Debra Phairas • 12:15 – 1:15 p.m.

How long has it been that your partnership or group practice reviewed your agreement to ensure it reflects current trends and issues in the medical environment? As consultants, we are frequently called in when a crisis occurs, for example sudden death, disability or departure of a physician. The agreement the doctors signed many years ago may be vague, contain outdated values for buy-in/buy-outs or none at all, income distribution formulas may be sowing seeds of discontent or the group is suddenly faced with an untimely departure of a revenue producing doctor and also a steep buy-out. This workshop will cover the elements of partnership/shareholder/buy-sell issues and current trends, particularly the differences between junior/senior members.

June 12: Paid Family Leave: A Valuable Safety Net

Employment Development Department • 12:15 – 1:15 p.m.

Paid Family Leave (PFL) is a partial wage replacement component of the State Disability Insurance (SDI) program. Eligible workers may file claims for PFL benefits to care for a seriously ill child, spouse, parent, or registered domestic partner; to bond with a new child; or to bond with an adopted or foster child. The PFL medical certification can be submitted on SDI Online or by completing the new Claim for Paid Family Leave Benefits. Since March 1, 2013, claims may only be filed online or by using new OCR paper forms. Attendees of this webinar will gain a better understanding of the PFL program, and how to submit the required medical certification for a PFL care claim.

June 19: What to Expect from a Medi-Cal Audit

DHCS • 12:15 – 1:15 p.m.

Presented by the Department of Health Care Services (DHCS), this webinar will help you understand the role of utilization oversight and claims monitoring, increase understanding of the audit process and possible outcomes, and understand common problems and methods to improve documentation.

All CMA hosted webinars are free for CMA Members (and their staff). You may also visit www.cmanet.org/events to view all education events and to register. Webinars are also archived for later viewing. Questions? CMA Member Help Center: 800-786-4262

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relationship to healthcare reform. Do we rely on the seemingly increasingly ineffective major organizations, AMA, CMA et al? Or do we look for a way to stimulate change from below. Mr. Lemann feels that with the first Earth Day emphasis on “Teach-ins” and local educational events was a more effective tactic in obtaining lasting change. The first Earth Day was school based, locally controlled and mass-participatory. Why can’t we in medicine do the same thing?

The way it stands now we’ll get AMA and CMA and the rest of their ilk squeezing minimal, accommodationist concessions out of the powers that be. But the Kafkaesque nightmare that our health care delivery system has become will not be changed one iota. The structure will remain unchanged as we tinker about the edges.

If we truly wish to effect revolutionary change that will improve our lots perhaps we should start spending our energies in treating each patient encounter, each encounter with a physician in training as a “teach-in.” We can treat each encounter as an educational dialog that will help people to see that there are alternatives to how the world works. There are alternatives that don’t squelch our basic humanity in the name of profit or national security or budget neutrality or whatever. Within the constraints imposed by environmental limits there are ways we may “progress” and be given the dignity of our inner humanity. We are not cogs in a giant machine, but individuals with hopes and aspirations that don’t include getting jerked around by an unfeeling, cybernetic system.

True change can only rise from below. It can’t be imposed from the top down. We must mobilize the public at large to effect lasting change. If we, as physicians, can harness the inchoate rage and ennui that exist in the country into a movement that, by sheer weight of numbers, forces the powers to change–a little here, a little there, until finally it demands national action we can enter back into a relationship with our patients where they get both healed and cured.

Chronic Disease Self Management

By Hannah Graff, Community Health Outreach Worker
Humboldt County DHHS

Chronic Disease Self Management Programs (CDSMP) are effective tools for patients coping with chronic diseases. “Self-management education complements traditional patient education in supporting patients to live the best possible quality of life with their chronic condition. Whereas traditional patient education offers information and technical skills, self-management education teaches problem-solving skills” (Bodenheimer, et al, 2002). These programs empower patients by giving them tools to manage their conditions. Participants learn how to manage and improve their own health, while reducing health care costs.

On the North Coast, CDSMP is locally branded as “Our Pathways to Health.” The program is offered by Aligning Forces Humboldt, a local initiative of the Robert Wood Johnson Foundation and the California Center for Rural Policy at Humboldt State University. Our Pathways to Health workshops utilize an evidence based CDSMP developed by Stanford University and used across the country and around the world. “The program focuses on problems that are common to individuals struggling with any chronic condition: pain management, nutrition, exercise, medication use, emotional conditions, and communicating with doctors” (National Council On Aging, 2012).

Research has shown that patients who have participated in Stanford’s CDSMP have improvements in self-reported health, improved communication with medical providers, improved symptom management, increased frequency and duration of exercise, reduced health distress, reduced fatigue, reduced hospitalization and fewer perceived activity limitations (Lorig, et al, 1999). CDSMP builds participants’ confidence and teaches them how to actively take charge of their lives in a mutually supportive, interactive group environment.

Our local Pathways workshops are offered frequently throughout the year at sites throughout the county in both English and Spanish. Each Pathways workshop is held for 2.5 hours once a week, for six weeks. Workshops are facilitated by trained leaders, many of who are living with their own chronic conditions. Participants learn problem solving skills, how to set achievable goals, how to work with doctors and others, where to go for support, how to manage stress, pain, and fatigue, and how diet, exercise, and medication can help them manage their conditions.

On the North Coast there have been 112 Our Pathways to Health workshops since September 2008 with 848 graduates and an additional 357 participants attending part of the workshop series. Local graduates have praised the program saying:

“This workshop has been an eye opening experience for me to actually realize that taking small, do-able steps is far wiser (and in the long run, far more effective) than setting unattainable goals. I come away feeling empowered and inspired by a few fundamentally simple lessons.” – Michelle W.

“Pathways to Health helped me build an honest relationship with my doctor.” –Jeff V.

“I came into this six-week program a death-fearing, self-pitying, chronically ill person. Now I am mainly CHRONICALLY WELL!!!” - Eunice N.

Workshops are free of charge and each participant receives a textbook and relaxation CD. Additionally, Humboldt County Department of Health and Human Services – through the CA4Health program, offers an optional workshop to Pathways graduates where they can gain information about local resources and can learn how to become advocates for the health of their broader communities.

If you are interested in referring your patients to the Pathways program please contact Michelle Comeau at Aligning Forces Humboldt (707-445-2806) for more information.

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