North Coast Physician

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"Public Utility"

Luther F. Cobb, M.D., FACS

A long time ago, Ellen and I were visiting Philadelphia with my children. Philly is a very large city now, but in Colonial days, and shortly after the Revolution, it was a much smaller town. There is a lot to see of historical interest there, such as the Liberty Bell, Constitution Hall, and also there are a lot of really old, pre-Revolutionary buildings still standing in the old part of the city. Several of them still bear a medallion on the outer wall visible from the street, I guess about a foot or so square, with an emblem of four interlocking hands and arms constituting the classic "fireman's carry". This is the method by which two firemen would link hands to carry any injured person trapped in a building on fire, out to safety. This signified that the owners of the building had subscribed to a mutual insurance company, founded by Benjamin Franklin in 1752. This company still exists, and it is widely accepted that this was the first mutual insurance system in the country. In the event of fire, not only were they insured against loss, from the funds that they had contributed in advance, but they would also be protected by the firefighters organized in the same system. When a structure bearing the emblem was threatened by fire, the volunteer firefighting company would fight the fire if the building had the emblem verifying that the owners had contributed. If the building failed to have it, then the firefighters would protect the other contributing buildings, but spend less if any time on the one that did not participate. At least that was the story I heard; there may be some differences if any of the readers happen to hail from Pennsylvania.

The point I would make today is that people would be scandalized now if someone's home or business were to catch fire and the fire department not aggressively try to protect the structure and its inhabitants. We take it for granted, as part of what we call "the Commons", that we will protect each other in time of need. Similarly, we join together to provide roads, electrical power distribution, water and sewer service, and police protection as pretty much a matter of course. There are fees and taxes associated for sure, but it is a commonplace that these are part of a civilized society.

If we have a fire, or if there is a danger that the police need to respond to and protect us, we expect that will be dealt with promptly and competently, and that we won't be individually asked to foot the bill for that service. We mutually agree as a civilized and decent society to provide for those of us who need these services, for we all know it could happen to anyone.

Contrast that to our current system, or lack thereof, for coverage for medical care. Sure, we have Medicare and Medicaid (MediCal here in the Golden State), but more people are covered by a crazy quilt patchwork of various insurance schemes, with variable policies, often inscrutable rules that become apparent only when the need for care arises, and a bewildering array of charges and billing procedures. And of course there are many, many people who have no coverage, (or have one of the more recent insurance policies with very large co-pays and deductibles). For many of these folks, a serious medical emergency (or in many cases, even fairly minor problems) poses a risk of bankruptcy, homelessness, even death from failure to find housing and food. It is true, and utterly deplorable, that medical costs are the leading cause of bankruptcy in our country.

Why do we tolerate this? Are we not better than this? How can we fail to care for the least of us, or the unfortunate? When there is a disaster, like a hurricane or one of the all too common mass shootings that seem to have no end and no solution palatable to the current political divisions, we all expect that there will be facilities who will take care of all those who need it at the time. As a former Level One Trauma Center Director, I saw quite a bit of this. But few see the consequence of the bills that arise even when such services are promptly and competently carried out. Sure, some sympathetic cases set up a "GoFundMe" plea, and receive funds that way, but why do we do it so haphazardly, and only for the ones who can present their cases that tug on the heartstrings of the public?

All other countries with a well ordered functioning governmental system, such as Europe, Canada, the Americas, even many in other countries not usually considered as "developed", have a system wherein everyone has access to care without risking financial ruin. And many of these are not run by a government system per se, but they have rules so that the system is fair, just like, for instance, the Public Utility Commission here in California, which regulates rates with an open and fair public input. Why do we allow "insurance" companies, actually management companies that siphon off hundreds of billions of dollars on making sure that the shareholders, get their profit by denying care? And what about Medicare "Advantage"? The advantage, in my view and most health care economists, deserves the name only because they "take advantage" of Medicare recipients who think the upfront deal of "free" dentures, eyeglasses, and, dear God, "Silver Sneakers" (what a snide demeaning name; I doubt that many ostensible recipients, even if they intend to use that feature, do so for any length of time) is a great deal. They are more likely than not to find themselves in the grip of a merciless "managed care" (or lack of care) entity that will deem the really expensive treatments that many of us are going to need are not "worth it", when crunch time comes. Death is almost always cheaper.

"Public", Continued on Pg 7...

No Room For Mandarins

Stephen Kamelgarn, M.D.

Just in case you haven't been listening to our patients and colleagues I thought that I'd clue you all that there is tremendous dissatisfaction with the way our health insurance system works (or doesn't, as the case may be). The blizzard of pre-approvals, constantly changing formularies and other obstacles put in place by both public and private insurers to delay or deny care to their subscribers is maddening, frustrating, inefficient and, to coin a word, stupid.

If it's so bad, I hear you cry, why does it continue? Well, there's money to be made in making it difficult for physicians to do what's right for their patients, rather than what's cost-effective and profit making for the insurance companies.

However, there's one group of people for whom all this nonsense has no personal impact whatsoever: the members of Congress, that august group of 535 individuals who are supposed to represent our interests. People who were ostensibly elected by us to be for us. These paragons of the "public good" have a completely free ride for their healthcare for life! That's right. For the service of one measly two year term in the House of Representatives (the People's House) the Congressman, or former Congressman, has totally free healthcare at the public's expense for the rest of his/her life. Imagine our current congressional cohort of spoiled, brain-dead schoolchildren getting a lifetime's worth of free health care. It boggles the imagination. And they have the chutzpah to scream about "the undeserving poor." But I digress.

This sort of privilege for every member of Congress divorces them from the day to day frustrations that their constituents go through to obtain even mediocre health care, let alone Class-A, state of the art care. Why should they push for insurance reform? They don't have to deal with reality, so why should they change things?

Back in 2008, after Senator Kennedy had his seizure, prior to being diagnosed with his brain tumor, he had his choice of neurosurgeon; he didn't have to sweat an "out-of-network" referral. He didn't have to come up with any sort of co-pay. Bethesda Naval Hospital just rolled out the red carpet for a VIP. He didn't have to worry about making his deductible. His doctors didn't have to get a pre-approval for whatever testing was done before they made his diagnosis. Those physicians didn't have to go to the mat to obtain approval, or look up the right ICD-9 code (now ICD-10) for whatever meds he's on. They didn't have some petty middle-level bureaucrat tell them that the med wasn't on his insurance formulary. And that's exactly how it should be. Why can't the rest of us claim the same rights?

Several years ago I wrote of my experience of being an inpatient in a strange town, and what it felt like ("The Shoe's on the Other Foot," NCP, Feb. 2007). It gave me a real appreciation of what our patients must suffer when they get caught in the clutches of the healthcare system, and I now find myself having a lot more empathy when they wind up in the hospital.

How can Congress really work for healthcare insurance reform when they don't have the same frustrating experience that the rest of us have to go through? To them, it's just an academic exercise, subject to the whimsy of the powerful insurance lobby greasing the wheels of their election campaigns.

If those dedicated members of Congress (and there are a few of them – Senator Bernie Sanders and Representative Alexandria Ocasio-Cortez immediately come to mind) really wish to make a dent in how the health insurance companies do business they could make a start by passing a law that states: ". . .every member of Congress must be subject to, and abide by, the conditions of the laws that they pass." This should include having to pay parking tickets as well as having an off-the-shelf insurance plan. Imagine how quickly things would change if, all of a sudden, Bethesda's doors were closed to Congress and the representative from the 3rd district in Nebraska (or wherever) had to come up with a co-pay to visit the ER for his chest pain. Think of how quickly things would change if the Chairman of the Senate Health Care Committee found out that he has to change statins every six months because his Blue-Cross plan keeps changing formularies.

Once Congress applied those rules to itself it could then mandate that the Boards of Directors of the various insurance companies live by the rules of those companies. How fast would Blue-Cross change its tune when the CEO finds out that his doctor isn't allowed to prescribe the ARB that he's been on for the previous 3 years?

Not only would there be some sort of cosmic justice in having people live by the rules they pass, it wouldn't increase costs very much. I'm sure even the CEO of Blue-Cross would be willing to put up with a few inconveniences to improve his company's bottom line, and I'd certainly be willing to live with the same insurance plan that he has.

This becomes especially crucial since the elevation of Mike Johnson, a known 2020 election denier and opponent of Obama's Affordable Care Act (ACA), to the post of Speaker of the House. He was chairman of the committee that produced the infamously poor "A Framework for Personalized, Affordable Care," in 2019. This fifty-eight page piece of propagandistic drivel would completely dismantle ACA, leaving Americans with nothing! In-

"No Room", Continued on Pg 9...

Partnership HealthPlan Provider Recruitment Program

Teresa Frankovich, M.D.
Associate Medical Director

Jeff Ribordy, M.D.
Northern Region Medical Director

Partnership HealthPlan of California's current Provider Recruitment Program (PRP) will conclude at the end of 2023. Partnership will announce a new set of workforce development initiatives for 2024, which will include an updated PRP. In advance of the 2024 changes that will be unveiled in the coming weeks and months, Partnership is making some changes available early due to immediate partner needs. This early update includes an enhanced signing bonus for physicians and nurse practitioners/ physician assistants (NPs/PAs), and for the first time extends the sign-on bonus to obstetric providers (obstetricians, certified nurse midwives (CNMs), family medicine physicians and NPs/ PAs, and women's health NPs) who focus on perinatal care, including labor and delivery.

Program Enhancements Available

Providers
• $100,000 signing bonus for physician candidates
• $50,000 signing bonus for NP/PA/CNM candidates
• Enhanced bonus disbursed over a five-year term

Behavioral Health Providers
• $20,000 signing bonus for licensed behavioral health professionals: licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and licensed clinical psychologists
• Must have unique skill/specialty (i.e. bilingual, or from/connected with a culturally, ethnically, or racially underrepresented community, or possess specialty training)
• Enhanced bonus amounts disbursed over a two-year term

Key Criteria
• Candidates must not have accepted an offer to practice at a partner site under the previous PRP version.
• If the candidate is currently practicing, they must be from outside of Partnership's 14 counties.
• Providers in training or residency programs within Partnership's 14 counties qualify for support.• Candidates must take requests for support before receiving formal offers.

"Helping our members, and the communities we serve, be healthy."

§

"Public", Continued From page 4...

When you get right down to it, medical care functions in this country as a poorly regulated and inconsistently funded, parasitized public utility. Instead of dealing with needs that we all are going to need one way or another, to a greater or lesser degree, we ought to fund it as such. Instead of GoFundMe, we ought to use what we already have, a "GoFundUs" system, through taxation and representation of us citizens who are going to need the care, just like the rest of the world, without all overlay, complication, and Tower of Babel lack of communication with which we now deal with public and private health.

I have been a recipient of traditional Medicare for 6 years now, and it is so much easier than anything I had to deal with before. It is also much easier to deal with as a physician provider of service. It does not have to be this complicated, this haphazard, and this wasteful.

Niccolo Machiavelli, the Italian diplomat and author of the 15th and 16th centuries is reported to have said (I forget the exact words; actually I don't know the exact words as they were in Renaissance Italian...): "Change is always resisted, because those who have something to gain are unsure of it, and those who have something to lose know very well what they have to lose". The forces of the insurance giants, pharmaceutical companies that incessantly advertise very expensive new (and frequently very useful, but very overpriced) drugs that pertain to very few people with the illness, and all the others that are leeching off of the system, have great power. But if we take it seriously, I truly believe we can do better, and there would be no better way to start than to stem the onslaught of Medicare (Dis)Advantage.

I take some solace in the opinion of Sir Winston Churchill, who said something on the order of "You can always trust the Americans to do the right thing; after they have tried everything else first." Well, we have tried everything else, we really need to find a way to have universal health care coverage, I think it is plainly obvious that it has to be better than what we are doing now.

§

Blood Bank Update

Elie Richa, M.D.

Medical Director, Northern CA Community Blood Bank

Kate Witthas, CEO

On October 2, the Northern California Community Blood Bank implemented the Food and Drug Administration's new blood donation eligibility guidance. This change makes significant updates to the Donor History Questionnaire, a set of questions used to evaluate blood donor health, transmissible disease risk, and suitability for blood donation. Under the new guidance, the time-based blood donation deferral for gay and bisexual men has been eliminated. Blood donor screening criteria are now based on individual risk behaviors, not sexual or gender identity.

This change reflects the scientific data gathered as part of the ADVANCE Study (advancestudy.org) and other infectious disease blood donor surveillance research, which prove that an individual risk-based approach upholds the safety of the blood supply. The policy change also aligns U.S. blood donor policy with that of other countries such as Canada and the United Kingdom that have already implemented this policy.

Here's what to know about the new blood donor screening process:

- The deferral restricting sexually active gay and bisexual men from giving blood has been eliminated.
- All potential donors will see new non-gendered questions when they come to donate.
- All potential donors will be asked the same questions and be assessed based on individual risk factors.

Changes to the Donor History Questionnaire focus on the risk of recent HIV infection.

The updated screening questions ask everyone — regardless of gender, sex, or sexual orientation — whether in the past three months they have:

- had a new sexual partner and engaged in anal sex
- had more than one sexual partner and engaged in anal sex
- taken medicines to prevent HIV infection (such as pre-exposure prophylaxis, or PrEP)
- exchanged sex for pay or drugs, or used nonprescription injection drugs
- had sex with someone ously tested positive for HIV infection
- had sex with someone who exchanged sex for pay or drugs
- had sex with someone who used non-prescription injection drugs.

The Northern California Community Blood Bank celebrates this significant progress that eliminates policies based on sexual orientation and moves to a more inclusive process that treats all potential donors with equality and respect while keeping the blood supply safe.

As the Blood Bank works to get the word out about these significant changes, physicians and other members of the medical community are uniquely positioned to help educate the public, as they are more likely to be familiar with the importance of donating and the donation process. Help us get the word out on why giving blood is so critical. The more donors we have, the more lives we can save.

For more information, call 707-443-8004 or visit www.nccbb.org §

Member Orientation & ByLaws are posted to the Medical Society's website: www.hdncms.org under: "Membership"

"No Room", Continued From page 5...

surance companies would be able to once again discriminate against "pre-existing conditions," and government would back away from meaningful healthcare reform. Fortunately, the House Republicans were unable to come up with any plan to replace ACA, despite four years' worth of trying.

With Mr Johnson in the Speaker's chair there will be no meaningful change in the foreseeable future. But Congress will still be able to enjoy their free perks, not to mention the $174,000 salary (an amount I never came close to earning, and I worked a helluva lot harder than most congressmen), that come with the job.

In 1775, we launched a revolution that denied the Divine Right of Kings. Our Constitution in 1787, stated that all people were equal before the law, especially after the passage of the 14th amendment in 1868. Yet, over the course of the last 100 years or so (especially since the 1980's), the Mandarin Class has once again arisen – claiming a privilege far beyond that of the ordinary citizen – essentially re-instituting the English peerage system that we fought so hard to eliminate over 200 years ago.

Is it time for another American Revolution? §

CLASSIFIED ADVERTISEMENTS & BULLETIN BOARD

PRACTICE OPPORTUNITIES

Refer to Practice Opportunities on our website for a list of Practice Opportunities for Physicians. Separate listing for Advanced Practice Clinicians is also posted. Recruitment Brochure; Links to Local Recreation; Links to Loan Repayment Programs; and more....

www.hdncms.org

PHYSICIANS NEEDED

Members wishing to place a classified ad (Business- free to members for first 6 mos. / Personal 1/2 price) contact Medical Society office.

HOUSE FOR SALE

FOR SALE: 3 Bdrm, 2 bath home with double car garage. 2 bdrm apartment in back. Close to Providence St. Joseph Hospital. Contact: Dee (707) 499-1681

APARTMENT FOR RENT

Fully Furnished Apartment for Rent in Henderson Center Area 1bdrm. Utilities included. $1250/month. Contact: Penny (707) 499-0402

MISCELLANEOUS

FOR SALE: 2021 TOYTOTA TACOMA TRD 4WD 31K miles. Original owner. Leather interior, all weather floor mats, moon roof, bed extender and liner, running boards. $41,000 Contact: Joanna (707) 599-9549

DID YOU KNOW............

The Medical Society receives many calls from your offices and the public looking to find copies of medical records from physicians who have retired, moved out of the area, etc. The Medical Society tries to keep a list of where to refer for those records. Physicians relocating out of the area or retiring, please let us know.

BE INVOLVED IN GRASS ROOT EFFORTS “Bookmark” - www.cmadocs.org/HOD & “Bookmark” - www.cmadocs.org/grassroots

KNOW OF HOUSING OPTION?

The Medical Society frequently receives calls for help in finding housing for our new physicians, Residents and other healthcare professionals. We also are trying to keep a list of “rooms” available for medical students that are rotating through . If you or know of someone who has rental or temp housing options, please let us know. Send email to: hdncms@gmail.com

Display Advertising Rate Schedule

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1/2 Page	$160.00	8.00 (w) x 5.25 (h)
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Business Card Ad	$65.00	Copy Ready 3.50 (w) X 2.00 (h)
Classified Ads	$5.25 per line	

DEADLINE: 15th day of the preceding month to be published