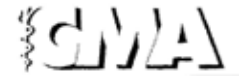




North Coast Physician



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The Editorial and Publications Committee encourages our member's comments for publication.

Please submit electronically prior to the 15th of the month preceding publication.

Cover Photo

"AUTUMN MAPLE IN REDWOODS"

STEPHEN KAMELGARN, M.D.

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HAVE YOU JOINED THE FIGHT? VOTE NO ON PROPOSITION 46

John Mastroni, M.D.



NOW is the time to take a few extra seconds with your patients to explain the negative impacts proposition 46 would have on health care in California. The CMA will send supplies to help you get the message across to your patients. Just go to the No on 46 website at www.noon46.com

Over the last several months, you may have read information about the Medical Injury Compensation Reform Act (MICRA) lawsuit initiative, Proposition 46, in the pages of this magazine, on your local medical society's website, in information from the California Medical Association (CMA) and likely from the hundreds of coalition partners that have all pledged to oppose the measure this November. On November 4, 2014, voters will be asked to cast their ballots. In the final months, weeks and days leading up to Election Day, it will be our task as physicians to educate our patients, neighbors, friends and families about the real intentions behind Prop. 46.

An Overview of Prop. 46

The measure is complex and contains three separate and distinct pieces that trial lawyer proponents have thrown together in an effort to mask their real intent – quadrupling non-economic damages in MICRA, pulling money directly out of the health care delivery system and putting it into their own pockets. The pieces voters will be asked to weigh in on are as follows:

- A quadrupling of the non-economic damages limit on medical malpractice awards in California, which will cost consumers and taxpayers hundreds

of millions of dollars every year in higher health care costs, and cause many doctors and other medical care professionals to quit their practices or move to places with lower medical malpractice insurance premiums – reducing access to care in California.

- An unfunded mandate that will require physicians, pharmacists and veterinarians to check a government run database before prescribing schedule II or III drugs. This piece in particular threatens patient privacy by requiring a massive expansion of the use of a personal prescription drug database.

- Both a random and mandatory requirement to perform alcohol and drug testing on doctors, which was only added to this initiative to distract from the main purpose.

Let's not be fooled – Prop. 46 uses alcohol and drug testing of doctors to disguise the real intent – to increase the limit on the amount of medical malpractice lawsuit awards.

Raising Health Care Costs

I've been speaking about Prop. 46 for months now, and explaining to people how it was carelessly thrown together without concern for taxpayers' pocketbooks, health care or privacy, but one question that comes

up repeatedly is, "how will this increase health costs?"

We know that trial lawyers out to profit from medical lawsuits sloppily drafted Prop. 46 and it will result in higher health care costs for everyone. We'll see money come directly out of the health care delivery system and straight into the pockets of the lawyers that stand to gain most.

These higher costs will be passed to every purchaser and provider of health care: state and local governments, employers, employees, consumers and taxpayers. That's why such a broad coalition of group stands in solid opposition to Prop. 46.

According to California's independent, non-partisan Legislative Analyst's Office (LAO) Prop. 46 could increase costs for state and local governments by "several hundred million dollars annually."

The LAO goes on to warn that "even a small percentage change in health care costs could have a significant effect on government health care spending."

But, how exactly?

State and local governments are hit with higher costs in two ways:

- o They provide health care benefits for current and retired government employ-

"NO On 46", Cont. Page 21

A graphic with a dotted border. On the left, the words "VOTE NO" are written in large, bold, blue and red letters. To the right, a large red "46" is displayed. Below "VOTE NO" is a red banner with the website "www.NOON46.COM" in white. On the right side, a vertical list of text reads: "INCREASED COSTS LOSING YOUR DOCTOR THREATENING YOUR PRIVACY". A blue line graph resembling a heartbeat is overlaid on the text.

ees;

o They also provide health care services for low-income residents through Medi-Cal and other locally-run health care programs like community clinics and public hospitals.

Higher health care costs for state and local governments would reduce funding available for vital local services like police, fire, social services, parks and libraries, to name a few. If Prop. 46 passes, everyone will carry the burden of these increased costs. While the LAO estimates costs to state and local governments, they aren't the only ones who will pay for more lawsuits and higher payouts.

According to a study by California's former Legislative Analyst, Prop. 46 will increase health care costs across all sectors by \$9.9 billion annually, which translates to around \$1,000/year in higher health costs for a family of four.

For many families across the state, that is a tough choice between groceries and health care – and one that we can't afford to let happen.

Threatening Privacy

Proposition 46 includes a provision that could significantly jeopardize the privacy of patients' personal prescription medical information. The initiative forces doctors and pharmacists to use a massive statewide database, called CURES, which is filled with patient's personal prescription drug information. Though the database already exists, it is underfunded, understaffed and technologically incapable of handling the massively increased demands this ballot measure will place on it. In fact, in evaluating Prop. 46 the LAO noted, "Currently CURES does not have sufficient capacity to handle the higher level of use that is ex-

pected to occur when providers are required to register beginning in 2016."

Many of us as physicians want the CURES database to work to help keep patients safe. Unfortunately, the provision in this ballot measure isn't that simple.

Prop. 46 will force the CURES database to respond to tens of millions of inquiries each year— something the database simply cannot do in its current form or functionality. A non-functioning database system will put physicians and pharmacists in the untenable position of having to break the law to treat their patients, or break their oath by refusing needed medications to patients.

Another concerning piece of this provision is that the massive ramp up of this database will significantly put at risk patients' private medical information. Prop. 46 doesn't contain any provisions or funding to upgrade the database with increased security standards to protect personal prescription information from government intrusion, hacking, theft or improper access by non-medical professionals.

The CURES database contains a record of every dispensed prescription of a Schedule II, III or IV substance and contains highly sensitive, personal and potentially stigmatizing details about a person's health. It includes prescription information including medicines used to treat anxiety, insomnia, obesity, narcolepsy, drug detoxification, pain, epilepsy, conditions related to cancer and AIDS, asthma, chronic infection, and other sensitive medical conditions.

What's more - the law gives the Department of Justice unfettered discretion to disclose confidential patient prescription information to any state, local, or federal public agencies for disciplinary, civil or criminal purposes.

There are literally hundreds of entities

and thousands of individuals who work for those agencies that meet this definition - providing access to highly-personal and sensitive patient health information for non-medical reasons.

What Now?

We've got a lot of work to do between now and Election Day. The proponents of Prop. 46 continue to mislead the public about the real intentions behind the measure – quadrupling the cap on non-economic damages in MICRA, which will result in higher health care costs for everyone.

For the future of medicine in California – and the nation – and for the safety of our patients, I ask you to get engaged in these last weeks and months. You can:

- Donate to the campaign. It's as simple as visiting NoOn46.com and clicking on "contribute." Every dollar counts as we need to produce material to ensure voters understand the risks associated with Prop. 46

- Order campaign material. We've got buttons, office posters, informational brochures, lab coat cards and more, all available at NoOn46.com. Simply click "Take Action" and "Get Campaign Material" and it will be sent directly to you.

- Sign up to be a part of the campaign. As physicians, we see dozens of patients daily. Take the time to let them know about the dangers and real intent behind Prop. 46.

With the changing times in the health care delivery system, I know it can be tough to make the time for something else. The future of our profession depends on us here, and I urge you to commit to being involved through November 4 and beyond.

For all of your efforts until now and moving forward – *THANK YOU.*

The Seductress

Stephen Kamelgarn, MD



Today, I must have walked into an energy black hole. Every piece of electronic equipment I own went down: Lap-top computer crash, cell phone freeze-up, card reader self destruct; even my stereo (old and analog) crashed. I was thrown back 25 years.

While I was ranting and raving about, “Crummy Cheapo technology,” I was forced to confront how “hooked” on technology I’ve become. I don’t begin to consider myself a “techie,” yet here I am seemingly dependent on technology: I write these words on a computer while I’m listening to a CD or Pandora. I use a digital camera with computer enhancement. When these devices go down, my life changes and really slows down. This isn’t necessarily a bad thing, when I’m at home and not at work.

While having all this stuff go down when I’m at home just noodling around is inconvenient, it’s not a disaster. When this same circumstance occurred while I was at work, it was an unmitigated catastrophe. It’s one thing to have a stereo fritz, but it’s a whole new level of serious when one’s EMR crashes or when our spiffy electronic phone systems with their myriads of functions go down.

It’s really embarrassing, for example, when you have to sit in an exam room and tell Ms. Jones, “Well, I know you came in today to discuss your lab results, but unfortunately our Electronic Medical Records system is down, for I don’t know how long, so we really can’t discuss those results. I’ll guess you’ll just have to reschedule.” And fork over another co-pay.

Technology is seductive. It lures you into its web. It promises a life of ease and wonder. “Look at all the cool

stuff you can do. You can do stuff today that was undreamt of ten years ago.” You can send photos instantly, book airplane tickets, navigate your car to anyplace on Earth. You can keep your patients’ medical records nice and neat and have it do all kinds of flashing, ever increasing reminders. It’s irresistible. Even when we try to resist, we can’t.

And once you’ve been snared in technology’s web you’re hooked. Soon, without realizing it, you’ve become dependent and addicted. However, like any good seductress, technology’s promise far surpasses the reality. Salome’s dance of the seven veils wasn’t nearly so enticing once that seventh veil came off. Are any of us really “happier,” now that we have smartphones, instead of searching out an old style pay telephone to make our calls? Are our social lives any better when we spend hours on Facebook, rather than meeting face to face? Do our patients get better service after navigating 25 levels of phone menus rather than speaking to a live person?

We’ve become dependent on a non-dependable way of life. Our technology is powerful, but it’s also very vulnerable. Our technological infra-structure is beautiful, but it’s a flimsy, shimmering illusion. Any rogue electron or power surge or lightening strike can send us back twenty five years to the neolithic days of the 1980’s, or earlier. This doesn’t even take into account the acts of true sabotage or terrorism; witness the attacks on our local Sudden Link last year. And when that vulnerability gets exploited we become paralyzed, and go through a form of withdrawal. “Oh my, our systems are down, what are we going to do?” We can’t discuss our patient’s cases or order meds or tests. We can’t make purchases except with cash. We can’t do our banking,

and for some higher tech types, their cars won’t even function.

All advances come with costs and trade-offs. The automobile freed us from horses, but made us dependent on the oil companies and increased environmental catastrophes. What are the trade-offs we’re incurring by becoming so dependent on computer and internet technology? Do our computers provide better patient care at the expense of losing one-on-one physical and eye contact? Do flashing reminders improve patient outcomes? Does our Smartphone GPS app help us find our destination better than an old-fashioned road map? Can we get to Paris faster by booking on line rather than using a travel agent?

While I was going through my mini-trauma of technology breakdown, I had a vision of the old High School Health films we were forced to sit through, the old Reefer Madness paradigm of the local drug pusher stalking the school grounds: “Try some. The first one’s free.” That’s how I was feeling about technology. I had been lured by the local pusher into an addiction I can no longer control. Over the past 30 years I’ve been seduced by easy word processing, on-line banking, computer art, stay at home shopping.

I’m not sure if it’s even possible any more to disengage from the system. I used to kid people that if we really wanted to “go off the grid,” we’d have to become squatters on Federal Land. Now, I’m not even sure that is even possible.

I don’t have any answers to our technology addiction. There is no buprenorphine for technology and its gauzy illusions. But we at least need to think about this every time we order something new from Amazon or download our next smartphone app. §

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Contact: Debbie Mitchell 822-7220

Eureka Family Practice (Full Time).

Contact Lorraine (707) 443-8335.

Fortuna Family Medical Group: Contact:

Donna: 725-3334 donna_lyon@ffmg.org

E. Teresa Marshall, M.D. 445-5900

send/drop off resume: 3020 H Street, Eureka

North Coast Surgical Specialists

Contact: Melody: 443-2248

North Coast Womens Health (3 days/week)

Fax Resume to: 443-3971

Redwood Family Practice: *Contact: Debbie Lee*

dlee806245@aol.com

Six Rivers Medical Clinic:

Contact: Debbie Mitchell 822-7220

Southern Humboldt Community Clinic:

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