

THE BULLETIN

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To promote the science and art of medicine, the care and well being of patients, the protection of the public health, and the interests of the medical profession.

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The Bulletin is published monthly by the **Humboldt-Del Norte County Medical Society**, 3100 Edgewood Road, P.O. Box 6457, Eureka, CA 95502. Telephone: (707) 442-2367/Crescent City (707) 465-0980; FAX: (707) 442-8134; E-Mail: hdnccms@sbcglobal.net Web page: www.hdnccms.org

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Anthem or Anathema?

EMILY DALTON, M.D.



Healthy Families, a government program to provide health insurance to low income children is administered by Anthem Blue Cross, a for-profit insurance company. Last month, Anthem decided to offer new contracts to all Healthy Families providers paying roughly 1/3 the previous rates. In the setting of our national and state budget crisis, primary care offices were asked to accept drastic cuts in reimbursement rates, and many did. CMA estimates that as many as 50% of the healthy families providers accepted the new, slashed reimbursement rates. The providers who refused to sign a fiscally impossible contract were subject to angry calls and tirades from scared and frustrated families, because (of course) Anthem let the physicians break the news to the patients. At our office patients cancelled numerous appointments, while others paid cash to have their children seen. Local families were unable to find providers who were taking Healthy Families, and they flooded the Anthem line with complaints. Anthem is required by law to provide an adequate network of providers, and that may be the only motivation for them to deal fairly with medical providers. Anthem continues to try and get primary care providers to accept unsustainable rates, and while they make some concessions to those who hold out, this cycle is bound repeat itself when the next round of contract renewals come up. They can't loose. There is no downside to them for squeezing us.

Before giving away your income to Anthem Blue Cross, consider these facts compiled by the CMA:

1. Although Blue Cross will likely hide behind the State's ongoing budget situation as the reason they're cutting rates, there has been *NO reduction to the*

amount the State has paid them for Healthy Families business. In 2008, Blue Cross of California collected over \$11 billion in premiums. \$2.1 billion of that came from public programs (Medi-Cal, Healthy Families, etc.). In September of 2009 the California Assembly and Senate passed AB 1422 (Bass), the California Children and Families Act of 1998 which will give even more government funds to the administrators of Healthy Families. AB 1422 contains a 2.35% tax upon the total operating revenue of Medi-Cal managed care plans. The proposal is expected to generate \$150 million annually. Approximately 38% of the revenue resulting from this tax will be returned to the plans through higher reimbursement rates and the remaining 62% of the revenue will be directed to the Healthy Families Program (HFP).

2. Every year that CMA has published the Knox-Keene Report, Blue Cross has recorded the lowest "medical loss ratio" (the amount spent on medical care) of any major plan. In the 2008 report, Blue Cross had a 79% MLR, below the statutory 85% requirement.

This means that 21% of the premiums they collect go towards administrative costs and profit. (As opposed to 2% for government sponsored plans like mediCal). What a waste of tax dollars!

3. Recissions are the insurance industry's outrageous, systematic practice of canceling health care coverage for patients who get seriously ill and need expensive medical treatment. According to the New York Times, a former top insurance executive reported that rescission was one of his company's standard techniques to cut costs and improve the company's stock price, and a congressional investigation into rescission found that three insurers, *including Blue Cross of California*, used this technique to cancel more than 20,000 policies over five years, saving the companies \$300 million in claims. Why should we behave charitably towards corporations who operate in this fashion?

I wonder if the CEO of Blue Cross has offered to cut his income by two-thirds? Something makes me doubt that very much.§



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Healthcare: Neither Right nor Privilege

SCOTT SATTLER, M.D.



When I was a kid growing up on a farm in Ohio, we had a reflector plate nailed to the tree by our driveway, as did many farms on our road. It said “Clinton Township Fire Department” and had an embossed number, unique to our home. If we were gone and a fire broke out on the property, neighbors would call the fire department who would respond from several miles away. If they found a membership reflector tag, they would work hard to put out the fire. If they didn’t, they would check for the safety of people on the property, but that was it. In the 1950’s, the fire departments were privately owned. There was no public commitment to universal fire protection. It took years more for that to develop. Eventually it became clear that a fire in one house or field threatened others as well. Consensus was reached that it would be wise to make fire protection a public service, paid for by taxes. It became quite obviously the right thing to do.

The same can be said of public funding for police protection. Wisdom dictates that basic law enforcement needs to be provided as a public service. Those who want more protection are free to hire additional support. But as a society, we agree that universal provision of basic police coverage is also simply the right thing to do.

As our society grew to value education, there came the call to ensure public supported access to schools as well. We have benefited greatly from this decision. Private schools continue to flourish for those who wish this form of education, but our longstanding commitment to providing free or inexpensive public education is greatly responsible for our success as a nation.

There is a pattern here. We are now in the midst of a healthcare service transition akin to that which these other basic services have experienced. And there is great dispute.

The Healthcare Debate: Right vs. Privilege

For many, the current difference of opinion over universal healthcare reflects a direct conflict of values: is healthcare a right or is it a privilege? Unfortunately, this debate polarizes discussion and diffuses the energy of creative thinking. I believe that healthcare is neither Right nor Privilege and that it is time we move beyond this level of discussion.

Before we can implement any system that accurately reflects our priorities, we must agree upon our values. The authors of the Declaration of Independence knew this and clarified their values and intentions quite clearly: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness.” The framers of the Constitution summarized their values and intentions as well: “We the People of the United States, in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defense, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.” In the current business world, such essential philosophical guidelines are called “Value Statements,” and most successful enterprises invest significant time and energy developing these concepts and overseeing adherence to their tenets. Group agreement on values maximizes the chance that all the folks on the boat will be paddling in the same direction.

On Rights:

When I think of “Rights,” like most Americans I am drawn to the rights just mentioned, and to the Bill of Rights, which

constitutes the first ten amendments to the U.S. Constitution. These are the documents that address our nation’s societal values. At the risk of boring you to tears, let me enumerate those values in the Bill of Rights with which we are most familiar:

We have the right to freedom of religion, freedom of speech and freedom of the press. We have the right to peacefully assemble, to keep and bear arms, to petition our government for grievances. We have the right to due process of law before we be deprived of life or liberty. We have the right to a fair and speedy public trial by an impartial jury of our peers. We have the right to be free from the threat of double jeopardy, cruel and unusual punishment, self-incrimination and excessive bail.

Look at what these rights have in common. First and foremost, they are inherent to the individual. They are inalienable, that is to say that they cannot be given away or taken away. Second, no one else provides these rights. They are deemed inherent within the nature of the human condition. They are part of our birthright as human beings. Help from outside oneself is necessary only to protect one from having these rights unjustly taken away. Third, these rights are universal in nature, crossing all boundaries of race, religion, class, gender and nationality.

The “Right of healthcare” clearly lies outside the realm of the inalienable Rights delineated by our founding fathers, for its nature requires that other people provide it.

On Privilege:

The etymology of “privilege” translates to “private law,” that is a law or right which is attached specifically to a position, office or class as a benefit which is beyond the advantages of most and thus enjoyed on a se-

“Opinion” Continued on page 4

Dear President Obama

STEPHEN KAMELGARN, M.D



September 9, 2009

Dear President Obama, I watched your speech tonight, and I was extremely impressed. I am one of the “progressives on the Left” who support single payer, but I’m realistic enough to realize that it is probably a “pipe-dream.” I think that your proposals, especially regarding the public option, and essentially treating private insurance as a “public utility,” subject to the same regulations, are an outstanding beginning to meaningful health care reform, and I will do all I can to support you.

That being said, I have two comments. I am a primary care physician who practices in a small community health clinic, and I question how much can we achieve if we don’t support our primary care physicians. Currently, we are operating under tremendous stresses, which is adversely affecting

the career choices of future physicians. Fewer and fewer medical school graduates are choosing one of the primary care specialties upon graduation, and many of the primary care physicians currently in practice are burned out and demoralized. Multiple studies have confirmed the cost-effectiveness of a strong primary care system, and this is the structure of the medical care system in all of the countries of the Industrialized West. Therefore, ANY health care reform must be primary care driven.

The latest “buzzword” in health policy circles is “The Medical Home.” This is an integrated structure centered on the patient, but primarily involving his or her primary care physician, and then subsequently utilizing more specialized services, if needed. If we have no primary care physicians, how can we “build the home,” so to speak? Is there any provision in your proposal to improve the status of primary care physicians,

so that more young physicians will choose primary care as a specialty? For if we continue to lose our primary care base, all the other changes will be merely cosmetic and academic, and the American people will also lose.

Comment #2. I agree that there is tremendous waste in our current health care structure, but I don’t think that there are enough savings there to completely finance your proposals. I honestly think that it will take an infusion of government money, on some level to completely fund the system. I think the American people need to “see the numbers” as to how much this will really cost.

Again, I congratulate you on a tremendous speech, and may Congress wake up to the reality of what’s really going on.

Sincerely,
Stephen Kamelgarn, MD

“Opinion” Continued from page 3

lective basis.

There are currently over 48 million uninsured people in this country. We have the highest per capita cost of medical care in the world. The current leading cause of home mortgage foreclosure is financial disaster directly related to medical expense. With the exception of charitable non-profit and government funded programs, our current healthcare system is fully functional only for a privileged few, namely the wealthy or those fortunate enough to still have employment or retirement plans which provide adequate (and expensive) coverage.

Discussion:

Clearly the failure to provide adequate

healthcare access runs the same risks that spotty fire and police protection would incur. Just as fire and crime know no boundaries, neither do natural catastrophes, epidemics or the aging process.

As Walter Cronkite put it: “Just as the Holy Roman Empire was neither Holy, Roman nor an Empire, the American Healthcare System is neither healthy, caring, nor a system.” With the primary exception of government-run programs, the system has become a privileged service for an ever-diminishing elite group defined by their ability to pay world-high prices for their care. This dysfunctional system belies the intention of the founding fathers. It obviously does not insure domestic tranquility. It does not promote the general welfare. It is destabilizing our country

morally, economically, socially and emotionally.

Maximization of healthcare is and always has been a basic value around which societies coalesce in order to form a more perfect union and promote the general welfare.

As Winston Churchill once noted: “Americans can always be counted upon to do the right thing, but only after they have exhausted all of the other possibilities.” This was true in its time for the Clinton Township Fire Department, and it is true now for universal access to healthcare. We have moved beyond the field of Right or Privilege. We must make this transition now, simply because its time has come. And it’s the right thing to do. §

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