

THE BULLETIN

Our Mission:

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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Implementation Has Begun

HAL GROTKE, M.D.



Implementation has begun. As of this month, due to “health care reform” enacted earlier this year, it is no longer legal for insurance companies to deny new policies to children because of pre-existing conditions and people covered on a parent’s policy remain eligible until age 24. Medicare beneficiaries in the “donut hole” have received partial reimbursement for out-of-pocket medication expenses. You can learn more about what has already been implemented and what is yet to come at www.healthcare.gov. Incidentally in the past month “meaningful use” for receiving “stimulus” money for EHR is now defined as well. You can read about the final rules at www.cms.gov and search “meaningful use.” Also, as I had predicted last month, we did get yet another delay in the SGR Medicare cuts. The current “fix” gets us through to the end of November at which time we are scheduled for a 23% decrease with that scheduled to grow to a roughly 30% decrease in January. It is extremely likely those cuts will be delayed yet again. We will see what those delays will look like as they happen; maybe there will be a permanent fix. I can dream.

Locally I recently attended the annual caucus meeting of CMA’s District X (10). Congressman Thompson came to talk about the new health care law. He expressed some specific concerns he has about the law. His concerns seemed to mirror those of CMA. I don’t know if he is really on our side or if he just did his homework and knew what to say but he did appear sincere. The District, to the surprise of the HDN contingent, presented the Congressman with a trophy and thanks for years of support of patient and

physician issues, both in US Congress and, previously, in the Statehouse. Several resolutions were introduced to garner District support for the upcoming CMA House of Delegates. Of those resolutions, the one with the greatest support and probably of the greatest general interest would have CMA lobby to have ERISA-governed entities comply with HIPAA protections. Also at that meeting the CMA VP for Federal Affairs discussed some issues with federal health care law. She focused on “Accountable Care Organizations.” Penny is working on having that VP visit both Humboldt and Del Norte counties in coming months to educate us further about ACO’s. The yet –to-be-defined entities will be important players in implementation of reform in coming years. Watch for dates for these important seminars.

Moving even more locally, your medical society has been involved in some issues, trying to be more involved in other issues and we have a number of events coming up. First, we recently gave a public expression of support for Vector Rehab acquiring the Easter Seals pool. Just days later the County Board of Supervisors helped Vector get a block grant to acquire the pool and bring it up to specs so that it can be reopened. There also was a threat from the Community Health Alliance to drop Medical Society’s

position on the board. Their reasoning was that we had not had representation present for some time. The reason we don’t have representation at their meetings is they convene on Thursday mornings when most of us have other commitments. We got them to keep our position official. We are still trying to get them to change the time of their meetings to a time that practicing physicians could actually attend. By the time you read this Luther Cobb and I (and hopefully other members of the Executive Committee) will have met with newly elected State Senator Evans. Next month I will let you know how that meeting went.

On the evening of September 8th there will be a seminar put on by the risk management people at NORCAL insurance for medical society members. During the day on the 9th the same organization will present a slightly different seminar targeted at office managers and staff. Those will both be in Eureka. On the afternoon of the 10 they will present again in Crescent City. On the afternoon of September 25th we will have the annual members’ picnic at Sequoia Park in Eureka. I hope to see you all there. §

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Single Payer: Yet Again?

STEPHEN KAMELGARN, M.D.



Just when you thought that you've seen the end of the "Single Payer Fanatics" a new group of malcontents have arisen. This group calls itself *Mad as Hell Doctors*, and they're beginning their 2010 tour right up here in Arcata. "Who are those guys?," I hear you ask. Well, apparently they are a group of physicians, "who in August 2009, decided that we were indeed mad as hell about the cruel and inefficient system of health care that we have in the US." In September of 2009, they embarked on a three week road trip through the heartland of America, speaking at single payer rallies and town halls, in churches and union halls, universities, public parks and arts centers in 30 towns and cities in 15 states.

Not content with the "Let 'em eat Cake" bill that Congress passed this past March on Health Care reform, they're gearing up again to barnstorm the country to push for Single Payer Health Care. Their first show will be at HSU on Sept 23, at noon. They'll also have an encore performance at the Bayside Grange that evening at 7 pm. They have allied themselves with local Single Payer groups and, although I've never seen them, it should be an interesting "educational" experience.

"We've got healthcare reform. Why should we continue to push for Single Payer?" would be the cry of a number of us. Well, aside from the fact that what little healthcare reform was enacted was unsatisfactory to just about everybody from the Tea Partiers to the "whacko, socialist anti-Americans," many of these people, myself among

them, have the temerity to believe that decent, affordable, basic healthcare is as much a constitutional right as the Right to Bear Arms (or arm bears, as the case may be).

They also have the misguided notion that removing the profit motive from the insurance industry that takes 30% of healthcare dollars out of the system to hand over to their investors will actually *save* money. Of course, we all realize that quaint notion is completely un-American and goes against the "We got you fooled" provision of the 1887 Barnum Act ("a sucker's born every minute").

Albert Einstein once defined insanity as someone performing the same action over and over, but expecting a different result. By that definition one must feel that the *Mad as Hell Doctors* are not only angry, but that they must also be insane. One must admire the tenacity and idealism of a group of people, who despite all the insanity, disinformation, outright lies and rancor that we went through to receive what few little crumbs of healthcare reform we got, still maintain that we can approach the quality healthcare that is available to every citizen of Europe, Canada, Japan and Taiwan. Even though their actions may be admirable, they're still insane if they fully expect to get anything different from what we've got.

When are those people going to realize that Single Payer (or anything remotely sensible) is not going to happen in the United States in our lifetimes? Congress, and, by extension, the American People, have demonstrated time and again that they want no part of a "government takeover of medical care." Since 1948, when President Truman first

put healthcare reform on the table, the opposition has demagogued it to death. For the past 60+ years we've heard how Single Payer will mean: health care rationing, loss of ability to choose one's own physician, forced bankruptcies, that dreaded word (quick, cover your children's eyes) *Socialism*, or (in its latest incarnation) Death Panels. This is especially laughable since most recipients of Medicare are quite happy with their healthcare, and that's about as government as it gets.

But there are those with power and influence who are quite happy with our current dysfunctional mess. The powerful interests of insurance and Big Pharma are making too much money the way things are now. They're not about to even attempt to correct any of the misinformation that is floating about on the internet and Fox News. They resist even the slightest attempt at control or regulation, feeling that it would cut into their profit margins and bottom line. They will not cede their power voluntarily (or even easily).

May we reasonably expect *any* group, no matter how organized, passionate and professional to be able to defeat these well-funded, Congress owning twin monsters? I don't think so.

But it may be a fun ride, and just maybe these folks may be on to something. So mark your calendars and check out the show: Sept 23—HSU Quad at noon, or Bayside Grange at 7 pm.

If you wish to learn more about *Mad as Hell Doctors* check out their website at:

www.madashelldoctors.com §

COUNTY HEALTH RATINGS

Snapshot 2010: Del Norte

	Del Norte County	Target Value*	California	County Rank (out of 56)
Mortality:				54
Premature death	10,283	5,199	6,196	
Morbidity:				51
Poor or fair health		11%	18%	
Poor physical health days	6.4	2.7	3.6	
Poor mental health days	6.4	2.8	3.6	
Low birthweight	5.2%	5.3%	6.6%	
Health Factors				38
Health Behaviors				43
Adult smoking		10%	15%	
Adult obesity	27%	19%	23%	
Binge drinking		13%	15%	
Motor vehicle crash death rate	27	8	12	
Chlamydia rate	90	110	389	
Teen birth rate	55	22	41	
Clinical Care				25
Uninsured adults	15%	15%	21%	
Primary care provider rate	100	157	116	
Preventable hospital stays	57	45	62	
Diabetic screening	83%	84%	76%	
Hospice use	14%	36%	28%	
Social & Economic Factors				41
High school graduation	81%	90%	69%	
College degrees	14%	38%	29%	
Unemployment	9%	5%	7%	
Children in poverty	31%	11%	17%	
Income inequality	44	41	47	
Inadequate social support		15%	26%	
Single-parent households	10%	7%	10%	
Violent crime rate	348	263	527	
Physical Environment				46
Air pollution-particulate matter days	0	0	13	
Air pollution-ozone days	0	0	37	
Access to healthy foods	33%	62%	46%	
Liquor store density	1.7		0.9	
TOTAL HEALTH OUTCOMES				56

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

Source URL: <http://www.countyhealthrankings.org/california/del-norte>

COUNTY HEALTH RATINGS

Snapshot 2010: Humboldt

	Humboldt County	Target Value*	California	County Rank (out of 56)
Mortality				45
Premature death	8,582	5,199	6,196	
Morbidity				29
Poor or fair health	13%	11%	18%	
Poor physical health days	4.9	2.7	3.6	
Poor mental health days	4.1	2.8	3.6	
Low birthweight	5.8%	5.3%	6.6%	
Health Factors				26
Health Behaviors				35
Adult smoking	18%	10%	15%	
Adult obesity	24%	19%	23%	
Binge drinking	13%	13%	15%	
Motor vehicle crash death rate	21	8	12	
Chlamydia rate	301	110	389	
Teen birth rate	30	22	41	
Clinical Care				13
Primary care provider rate	139	157	116	
Preventable hospital stays	49	45	62	
Uninsured adults	18%	15%	21%	
Diabetic screening	76%	84%	76%	
Hospice use	32%	36%	28%	
Social & Economic Factors				24
High school graduation	72%	90%	69%	
College degrees	26%	38%	29%	
Unemployment	7%	5%	7%	
Children in poverty	21%	11%	17%	
Income inequality	47	41	47	
Inadequate social support	18%	15%	26%	
Single-parent households	10%	7%	10%	
Violent crime rate	332	263	527	
Physical Environment				25
Air pollution-particulate matter days	0	0	13	
Air pollution-ozone days	0	0	37	
Access to healthy foods	34%	62%	46%	
Liquor store density	0.8		0.9	
Total Health Outcomes				42

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

Source URL: <http://www.countyhealthrankings.org/california/humboldt>

Congressman Mike Thompson Honored by Northern California Physicians

**THOMPSON RECEIVES
“2010 LEGACY AWARD” IN
RECOGNITION FOR
20 YEARS OF LEADERSHIP
IN HEALTHCARE LEGISLATION**

The California Medical Association (CMA) District 10 Caucus—which includes representatives from medical societies in Marin, Sonoma, Napa, Solano, Mendocino, Lake, Humboldt and Del Norte counties—presented the “2010 Legacy Award” during their annual meeting at the Fountain Grove Inn in Santa Rosa, California on June 26, 2010.

Congressman Mike Thompson was honored for his vigorous advocacy for the health and well-being of California residents. While in the California State Senate, Thompson wrote landmark legislation that required health insurance providers to offer all children comprehensive preventive care. As chair of the Blue Dog Coalition’s health care task force, Congressman Thompson works with members of Congress on both sides of the aisle to address the issues of healthcare professionals’ workforce shortage. In February, 2009, he supported reauthorization of the Children’s Health Insurance Program to provide cost-effective health coverage for 4 million more children whose parents earn too



little to provide their own insurance, but too much to qualify for Medicaid, and preserved coverage for 7 million children already enrolled. This legislation continued meaningful financial relief in a district



that is historically burdened with \$170 million in uncompensated healthcare.

Congressman Thompson’s lifelong commitment to healthcare culminated in March 2010, when he joined 218 of his colleagues and voted to pass historic health care legislation—a bill that reportedly will reduce the deficit by \$130 billion over 10 years, and \$1.3 trillion over 20 years.

“We are all lucky to have Congressman Thompson as an advocate in healthcare. He’s strong, he’s tough and

he’s smart,” said Elizabeth McNeil, CMA’s Vice President of Federal Relations.

Additionally, Congressman Thompson has led significant legislative efforts to:

1. correct low Medicare reimbursement rates for physicians in Sonoma County to help preserve access to care in many communities, including those throughout California’s 1st Congressional District;
2. secure funding to support the implementation of a comprehensive telemedicine initiative (North Coast Telemedicine Network) in the rural regions of the District which became a model for other state legislatures across the nation; and,
3. Improve beneficiary access to Medicare’s cancer screening services so more seniors will get screened, saving lives and money.

CMA and the county medical societies work closely with elected representatives to ensure that the interests of physicians and their patients are well represented. They have spent much of the past year at center of the discussion on how to fix California’s broken health care system and steadfastly supports three core principles critical to achieving comprehensive reform: universal coverage, shared responsibility, and stable long-term funding. §

The Basics About ACOs *(Accountable Care Organizations)*

Q: What are ACOs?

A: ACOs are Accountable Care Organizations, a designation established by recently passed health care reform legislation to encourage greater coordination of care under Medicare. An ACO is a collection of physicians who join together to coordinate care, share clinical information and report on quality measures.

Q: Why create an ACO?

A: ACOs that meet spending benchmarks will receive bonus payments. These payments will be based on the percent of Medicare Part A hospital savings and Part B physician savings in the community served by the ACO. The idea behind the policy is that greater coordination will improve quality of care, prevent costly hospital visits and ultimately produce a more cost-effective health care system.

Q: What is allowed to be an ACO?

A: ACOs can be networks of individual physician practices, such as solo and small group physicians; an Independent Provider Association (IPA) or a large medical group; or a fully integrated physician-hospital system, but an ACO does not have to involve a hospital. Most IPAs, medical groups and physician organizations would qualify as ACOs as they currently exist.

Q: How do you set up an ACO?

A: That is still to be determined. The health care reform bill only provides general terms for the creation of ACOs. Before ACOs are actually implemented, the Centers for Medicare and Medicaid Services (CMS) will issue detailed regulatory guidelines.

Q: How will physician payments under Medicare work with an ACO?

A: Physicians in an ACO will be paid for services provided to their Medicare patients under the traditional Medicare fee-for-service program. An ACO that meets spending benchmarks and other requirements, such as sharing information through electronic health records and reporting on quality measures, will be eligible for additional bonus payments.

Q: How will ACO spending benchmarks be determined?

A: CMS will take the last three years of Medicare expenditures for the patients served by the ACO and adjust the benchmark based on risk for the patient population, growth in national per-capita expenditures and many other factors.

Q: How will patients be assigned to an ACO?

A: CMS will assign Medicare patients to an ACO based on the physician(s) that have historically provided primary care services to that patient. ACOs must have at least 5,000 Medicare beneficiaries assigned to it in order to participate.

Q: What's next?

A: The law requires CMS to implement ACOs no later than January 2, 2012. We expect more details from the federal government in coming months.

Q: Where can I get more information about ACOs?

A: CMA will be providing regular updates, as regulations take shape, and offer members legal and administrative guidance on how to set up and qualify as an ACO. Sign up at legalinfo@cmanet.org

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