



# Federal Healthcare Reform

**JAMES G. HINSDALE, M.D.**  
*CMA President*



Dear Physician Colleague:

The California Medical Association (CMA) has led the way in analyzing federal health care reform and what it will mean to physicians across the state.

As you know, one key element of reform involves establishing Accountable Care Organizations (ACOs) as a new model of care. Under the new law, groups of physicians who see Medicare patients and agree to work together – meeting certain government requirements to qualify as an ACO – would be eligible for bonuses if they meet cost benchmarks for caring for their patient population and other criteria.

Many in the health care industry see ACOs as opportunity to capitalize on health reform, realign and boost overall cost effectiveness, but exactly how ACOs will work remains unclear, as the federal government still must spell out regulations.

It's crucial that we educate each other about ACOs and newly authorized hospital-physician organizations. Physicians need to make prudent decisions in the near future about our interest in participating, if we are to take advantage of the opportunities created by new health care reform laws and regulations.

To this end, CMA, at its annual House of Delegates conference last month, adopted ACO and medical foundation principles for physicians to follow. The ACO principles were also adopted by the AMA House of Delegates at the AMA interim meeting earlier this month. The principles include:

**1. Guiding Principle – The goal of an Accountable Care Organization (ACO) is to increase access to care, improve the quality of care and ensure the efficient delivery**

**of care.** Within an ACO, a physician's primary ethical and professional obligation is the well-being and safety of the patient.

**2. ACO Governance – ACOs must be physician-led and encourage an environment of collaboration among physicians.** ACOs must be physician-led to ensure that a physician's medical decisions are not based on commercial interests but rather on professional medical judgment that puts patients' interests first.

**3. Physician and patient participation in an ACO should be voluntary.** Patient participation in an ACO should be voluntary rather than a mandatory assignment to an ACO by Medicare. Any physician organization (including an organization that bills on behalf of physicians under a single tax identification number) or any other entity that creates an ACO must obtain the written affirmative consent of each physician to participate in the ACO. Physicians should not be required to join an ACO as a condition of contracting with Medicare, Medi-Cal or a private payer or being admitted to a hospital medical staff.

**4. The savings and revenues of an ACO should be retained for patient care services and distributed to the ACO participants.** An ACO's savings and revenues should not go to insurers.

**5. Flexibility in patient referral and anti-trust laws.** The federal and state anti-kickback and self-referral laws and the federal Civil Monetary Penalties (CMP) statute (which prohibits payments by hospitals to physicians to reduce or limit care) should be sufficiently flexible to allow physicians

to collaborate with hospitals in forming ACOs without being employed by the hospitals or ACOs. This is particularly important for physicians in small- and medium-sized practices who may want to remain independent but otherwise integrate and collaborate with other physicians (i.e., so-called virtual integration) for purposes of participating in the ACO.

**6. The quality performance standards required to be established by the Secretary must be consistent with CMA policy regarding quality.** The ACO quality reporting program must meet the CMA and AMA principles for quality reporting, including the use of nationally-accepted, physician specialty-validated clinical measures developed by the AMA-specialty society quality consortium; the inclusion of a sufficient number of patients to produce statistically valid quality information; appropriate attribution methodology; risk adjustment; and the right for physicians to appeal inaccurate quality reports and have them corrected. There must also be timely notification and feedback provided to physicians regarding the quality measures and results.

For more detailed information, please visit CMA's website at [www.cmanet.org/aco](http://www.cmanet.org/aco) to read the full report made by the Physician-Hospital Alignment Technical Advisory Committee.

CMA will continue to keep you apprised of all significant developments concerning ACOs and federal health care reform.



**ANN LINDSAY, M.D.**  
*Humboldt County Public Health Officer*

I have been Health Officer for 17 years, but I have continued my private medical practice on a part-time basis throughout this time. I have one patient who was diagnosed with diabetes and did everything she could do to control her blood sugar without taking medication. She lived near a great grocery store and was able to eat a healthy diet even on her limited income by shopping and cooking carefully. She enjoyed walking in her neighborhood and participated regularly in exercise classes at the nearby community center. She was physically active at least one hour a day. For a number of years she was able to control her weight and blood sugar and feel pretty good in the process. She was super-motivated because she wanted to avoid taking medication. One day she came in having gained 8 pounds. Her blood sugar was out of control and she was depressed. I learned she had moved. She now lived in a neighborhood without sidewalks with barking dogs that frightened her down the street. She no longer walked regularly, nor was there an exercise class she could attend in the vicinity. The local grocery store was across a busy street and didn't carry some of the foods she preferred to eat to control

her blood sugar. Same person, different context and a significantly different result. My patient is a living example of how the neighborhood a person lives in can make it easier, or harder, to be healthy.

To quote Bonnie Zell, Director the Population Health National Quality Forum, individual health happens one person at a time, one day at a time and one decision at a time. However, the context of where and how people live determines how easy it is for them to be healthy, or whether they are able have healthy habits at all. Health is influenced by where people work, learn, play and shop. It is influenced by their level of education, income and employment as well as their access to healthy food, safe environments, available transportation and healthcare services. Individuals aggregated together make up populations. Population health is an approach that seeks to step beyond the individual level focus of traditional clinical and preventive medicine by addressing a broad range of factors that impact health on a population level.

My patient in my medical practice made it clear to me as a public health professional why it must be our business to focus on the environment, social structures, resource distribution and other key determinants of

health to reduce health inequities among population groups. Even the most motivated patient is challenged by an environment that does not enable her healthy behaviors

\* \* \* \* \*


**New Tdap Vaccine Requirements for 7<sup>th</sup>-12<sup>th</sup> Graders**

Starting with the 2011-2012 school year, students in 7<sup>th</sup>-12 grade will need to demonstrate immunization with Tdap prior to starting the school year. In subsequent years, all students in the 7<sup>th</sup> grade are subject to the Tdap requirement. There are 8,000 students in these grades in Humboldt County. Most likely half of them have been immunized with Tdap at this point. In California we are currently experiencing the highest rate of pertussis for 60 years, so the sooner people are immunized the better. Please get active immunizing your patients. If you don't carry Tdap in your practice, you can refer people to the Public Health Clinic in Eureka, 268 2108. The Public Health clinic accepts CMSP and Medical. Immunizations are available to others at a reasonable cost on a fee for service basis. **\$**

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**Kate McCaffrey, D.O.**

*"The goal of the doctor is to find health; anyone can find disease."*

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**NOVEMBER 15, 2010**

The meeting was called to order by President, Hal Grotke, M.D. at 7:00 P.M.

**M/S/C** to approve the following items on the Consent Calendar:

-Minutes of the October 18, 2010 Executive Board Meeting *with the following correction: The St. Joseph Hospital Foundation is a 1206 (L) (not 1201).*

-Coming, Going and Moving Around, to file.

-Membership Committee Meeting, November 1, 2010, as presented.

-Membership Sub Committee Meeting, October 25, 2010, as presented.

-Membership Committee Schedule for 2011, to file.

-Society Budget Report/ Balance Sheet, as presented.

-CME Budget Report/ Balance Sheet, as presented.

-Actions AMA House of Delegates, to file.

-Nominating Committee Meeting, November 9, 2010, as presented.

**DISCUSSION** followed regarding the status of the proposed Medicare Cuts. CMA is sending regular updates which are being forwarded out to the membership, including a sample letter to send out to patients. Information regarding changing of Medicare Participation status (Par and Non-Par) has also been provided. Mentioned that CMA has posted a U-Tube Video addressing the proposed Medicare cuts.

**LENGTHY DISCUSSION** followed regarding working together as a community to improve care, develop quality indicators and collect accurate data. Mentioned that the IPA is working with the Community Health Alliance (CHA) towards a community registry. Current quality measures for Prevention/

Screening, Diabetes Care, Cost Effective Care and Patient Experience are posted on the CHA website and available to the public. Concerns were discussed regarding the default mechanism when not enough data is available. Measurement data is provided through the IPA. Reported meeting with the Director of CHA to encourage communications with local physicians through *The Bulletin* through our liaison.

**EXECUTIVE DIRECTOR** update was presented as follows:

-reported attending a CMA/Medical Society Strategic Planning Workshop in Sacramento tomorrow to discuss collaboration, membership issues, physician data, etc.

-reported receiving a \$3,500.00 grant from NORCAL to cover expenses of the Annual Membership Meetings, Spring Social and Annual Picnic. Additional \$500. grant is forthcoming from MARSH to support door prizes for the Annual Meeting.

-reported plans to attend the NorCAN workshop on "Organizational Financial Assessments" on December 14th at the Humboldt Area Foundation.

-reported that the Healthcare Reform 2010 meetings went well in both Humboldt AND Del Norte. One previous member in Del Norte has renewed his membership.

-reported working with CMA to reschedule the "What Every Physician Needs To Know About Their Practice" Seminar that was previously scheduled in March and had to be postponed. Tentatively rescheduling for March 9, 2011.

-mentioned that a members sponsor is needed for scheduling the Spring Social @ the Ingomar in May 2011.

-reported that the 2011 CMA/HDNCMS dues are coming in slowly. 2 new members have come on board so far due to

the all physician mailing.

-reported that CMA is in the process of totally redesigning the website. Plans for a "Physician Locator" is included in the redesign.

**COMMITTEE UPDATES** were presented along with scheduled dates for meetings.

**CONSORTIUM FOR C.M.E.** - Meeting held November 17, 2010 @ 12:00, minutes to follow. Working on 2010 Infectious Disease Symposium - date to be rescheduled. Subcommittee working on 2011 Pain Conference -date to be scheduled..

**EDITORIAL AND PUBLICATIONS COMMITTEE:** Next meeting: December 8, 2010 @ 12:00. Working on 2011 Physician Membership Resource Directory and Residence Directory - timeline January 2011. Reported also working on re-design for the Medical Society website.

**MEDICAL QUALITY REVIEW CMT** Next meeting scheduled January 2011.

**MEMBERSHIP COMMITTEE** - Minutes of Meetings included in Consent Calendar. Next meeting scheduled for January 10, 2011.

**OSTEOPATHIC PHYSICIAN CMT:** meeting to be scheduled to discuss functions of committee.

**PHYSICIAN WELL BEING CMT:** Next meeting schedule December 14, 2010.

**REPORTED** on plans to work with CMA in scheduling a local Press Conference with the CMA President-Elect, Dr. Hay on December 2nd. Suggested including an update regarding the local medical students rotating in our area and the Aging Physician Population Graph.

**ENCOURAGED** attendance and promotion of the December 2nd Annual Membership

**BRIEFS CONTINUED**

Election Meeting scheduled at Baywood Golf and Country Club. Mentioned receiving grant funds from NORCAL to support the dinner and door prizes for the meeting.

**REPORT** was presented regarding the multi-million dollar grant through the Health Reform monies that was received by the Open Door Clinic to build a new clinic facility. Discussions are being held regarding location. The clinic must be up and running by September 2012 to comply with the requirements.

**UPDATE** was presented regarding the plans for the V.I.P. Membership Program. Reported that the Membership Committee is currently visiting local businesses to encourage their participation. We hope to "kick-off" the program in January 2011. Suggested that the VIP ID Cards be sent to all members, not just by request.

**REPORTED** by Dr. McCaffrey that she is now also working with Western University in Pomona, CA and exploring the idea of 4 "core" students rotating through for 2011. Mentioned that she currently has several students from three osteopathic medical schools rotating through her office. Reported that Western University is also very interested in a future Residency Program.

**M/S/C** to approve the following applicants for membership:

- Jennifer Betts, M.D.  
Family Medicine - Smith River
- J. Mark Wiedemann, M.D.  
Hyperbaric Medicine - Arcata

**M/S/C** to cancel the Executive Board Meeting scheduled for December 20th. Any important business will be handled electronically.

The meeting was adjourned at 8:30 P.M. Next meeting is scheduled for January 17, 2011. The new 2011 Board will be surveyed regarding the 2011 meeting dates. §

**VACCINES, CONTINUED FROM PAGE 4**

insurance industry accountable, is to send larger and larger numbers of people to local public health departments where the government will pick up the cost for vaccinating them, after the insurance industry has collected their premiums. Where is the sense in that?

*\*providers are allowed to charge an administration fee in certain cases. §*

**Did You Know....**

The Medical Society offers NOTARY PUBLIC services for our members at no charge.

**GAVIN, CONTINUED FROM PAGE 8**

dren were honored to assist him in his private practice and experienced the extraordinary doctor he was and the unconditional love he shared with everyone.

Over the course of his medical career, Dr. Gavin saved many lives and delivered approximately 8,000 new ones into the world. He retired from private practice in 2001, and soon suffered health complications that impacted the quality of his retirement years.

Despite Scott's health issues, he and his partner Julie enjoyed 11 happy years together sharing all of the good things that life has to offer; collecting agates, gardening, and spending time with grandchildren. Scott was always devoted to his children, providing unconditional love, continuous support and special experiences. He adored his three grandchildren and loved spending time with them, watching them grow.

Scott was generous, compassionate and wise. He put life first whether it was giving food to people in need or rescuing injured animals. He respected all living things and felt an immense love for nature.

After surviving seven years with Mantle Cell Lymphoma, Scott died peacefully at home surrounded by his family at age 69. Scott is survived by his devoted partner, Julie Devrouax; his 3 children, Patrick (Sara) Gavin, Rebecca Gavin & Erin (Aum) Bolton; 3 grandchildren Hannah & Lane Bolton, Jack Gavin & a sibling on the way; and sisters Tracy Federman & Gay Gavin.

The Celebration of Scott's Life was

held on November 7, 2010. §

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**WANTED - FAMILY PRACTICE PHYSICIAN** Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or [home.md@suddenlink.net](mailto:home.md@suddenlink.net) (GJ)

**FNP NEEDED** either part time or full time Private Family Practice, Rural Health Clinic Designation We have five Physicians and 1 FNP Experience with acute and chronic illness We offer an attractive benefit package and salary commensurate with experience. Please send resume to: Debbie Lee, Administrator, Redwood Family Practice, 2350 Buhne St, #A, Eureka 95501 or Fax to: (707) 443-7752. (LW9-10)

**MEDICAL ASSISTANT NEEDED.** part to full time Medical Assistant, 25-40 hours per week, including sharing Saturday morning coverage in December or January. Start date would be flexible. They would work primarily all day Monday, then half days Tuesday, Wednesday, Thursday, then share coverage Saturday which would give more hours and I could fill in other shifts as needed to try to get closer to a 30/hr week average. Would need to be injection certified, certified Medical assistant not required. Fax resume to Lorraine Gomes, EFP, 443-7327. (CC12-10)

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 Contact: Elesha @ Eureka Pediatrics 445-8416. (ED 12)

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**MEDICAL OFFICE FOR LEASE.** 2504 Harrison Avenue, Eureka. 1326 sq. ft. Can be seen by appointment. Phone: 530/755-1354 / 916/261-8088.

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**Did You Know....**  
 Members may run classified ads in *The Bulletin* at no charge for the first six months for business-related ads and 1/2 price for personal ads.

**ATTN. PHYSICIANS, APCs and STAFF: HOST HOUSING NEEDED** for medical students rotating through Humboldt and Del Norte Counties. The medical students need a desk, bed, a quiet room and wireless access for 4 to 6 weeks at a time. The students are part of our ongoing efforts to recruit physicians to our area! Please e-mail Kate McCaffrey, D.O. [kmccaffrey123@gmail.com](mailto:kmccaffrey123@gmail.com).

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