California and National News

Expansion of Non-Physician Practitioners’ Scope of Practice Proves Unsafe: An 87-year-old veteran recently received a $250,000 settlement from the federal government after he became legally blind, allegedly as a result of negligent treatment of his glaucoma at the Veterans Affairs Health Care System in Palo Alto, Calif. He was one of eight patients with glaucoma (or at risk for such) who allegedly had received improper care at the hospital that may have caused loss of vision. The improper care was provided by optometrists who practiced without oversight and review by an ophthalmologist. As a result, the optometry section was placed under the direct supervision of the department of ophthalmology. It is of note that proposed regulations to permit optometrists to treat glaucoma are in the final stages of approval in California. Optometrists do treat glaucoma in other states.


Schwarzenegger Once Again Thumbs His Nose at Anesthesiologists: In his final, retaliatory “terminator salute” to anesthesiologists, “Governator” Arnold Schwarzenegger (GAS) appointed one of his staffers, Jennifer Kent, to the Medical Board of California. GAS’s deputy legislative secretary, Kent just happened to have furtively conducted the office “research” that led to his signing the CRNA opt-out letter in June 2009. Among her previous qualifying “experiences” for such an important public health matter was working for the California Optometric Association. In further odious “GASsy” fashion, the outgoing governor also handed out paid jobs on state commissions to other members of his staff and to three former state senators, including Carole Migden, a San Francisco Democrat, who became part of the Agriculture Labor Relations Board for a mere $128,000 yearly salary.

Survey of California Employer Health Benefits: Employer-sponsored health insurance coverage is the leading source of health care insurance in California as well as the nation. The availability and affordability of health insurance are influenced by employee cost sharing, changes in rates offered by employers, and increases in premiums. Current estimates are that the cost of employer-sponsored health care coverage will continue to increase faster than inflation, affecting companies as well as workers. There have been major
alterations of premiums and benefits design over time. The following is a capsule of important findings regarding California health insurance, from a 2010 survey by the California HealthCare Foundation:

1. Single coverage premiums average $5,500 annually, significantly more than the national average of $5,000. Average premiums for family coverage were $14,400!

2. Enrollment in plans with a deductible of $1,000 or more for single coverage has increased 27 percent (up from 7 percent in 2006), this being especially significant for workers in small firms (399 employees).

3. Four percent of California employers say they are “very likely” to drop coverage completely, this compared with 1 percent in 2008.

4. Twenty-eight percent of California firms either reduced benefits or increased cost sharing for employees as a result of the economic downturn, a dramatic increase from the 15 percent in 2009.

5. Twenty-four percent of California employers indicate that they are “very likely” to increase the amount that employees pay for health insurance in 2011.

6. In the past 10 years, premiums have increased 134 percent, which represents more than 5 times the 25 percent increase in California’s overall rate of inflation.

California HealthCare Foundation, December 2010.

Medicare to Reimburse Physicians for End-of-Life Discussions:
New Medicare guidelines will permit reimbursement for physicians who have voluntary end-of-life discussions during annual primary care evaluations. More extensive consultations appearing in the original draft of last year’s congressional health reform legislation were withdrawn before the measure passed due to controversy that included the term “death panels.” That rejected proposal included advance care planning that would have provided specific instructions about what physicians should discuss with patients, such as palliative care and hospice—items that potentially would avoid non-beneficial and costly medical treatment that prolongs the dying process, as is so often encountered with many critically ill patients lingering in intensive care units. (See “The Elephant in the Room,” pages 33–35, for a commentary by Karen S. Sibert, M.D., on treatment in such situations.) The new Medicare rule, however, is less prescriptive, as it defines advance care planning to include discussion of establishing an advance directive and also “whether or not the physician is willing to follow the individual’s wishes as expressed in an advance directive.”
In fact, in 2008 then President George W. Bush signed legislation establishing guidelines allowing for Medicare to reimburse physicians for end-of-life consultations for newly entering Medicare patients (“welcome to Medicare”). The 2010 legislation signed by President Barack Obama now additionally permits the discussions “to happen in the context of the annual wellness visit,” not only at the “welcome visit.” It is significant that former New York Lt. Gov. Betsy McCaughey, a critic of the initial draft legislation, approved of the final language, stating “government should never prescribe what is discussed between doctor and patient, or pressure doctors financially to push their patients into living wills and advance directives.”


**Medical Board of California Wellness Committee:** The Wellness Committee of the Medical Board of California (MBC) called a meeting of interested parties to discuss “best practices” in hospital wellness committees and to explore what the MBC could do to encourage such committees. The MBC emphasized that it wants to differentiate “wellness” from “well-being.” Wellness is the active seeking of health, whereas well-being is more related to monitoring of health. Kaiser physicians described their program, which seemed quite sophisticated and mature. A number of next steps were discussed, including generating guidelines for educational purposes and programs for outreach to organizations.

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