NEWSLETTER

January 2009

Governor's Column

By S. A. Dean Drooby, MD, FACP
Governor, Oklahoma Chapter

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Oklahoma Primary Care Coalition Position Paper on Proposed Oklahoma State Health System Reform

The Oklahoma Primary Care Coalition is made of representatives of the Oklahoma Chapter of the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists and the Oklahoma Osteopathic Association. This coalition met at the OSMA headquarters and discussed State Health System Reform, in response to a request by three Ok. State agencies under the guidance of Ok State Insurance Commissioner, Ms Kim Holland.

The following document was then composed by Governor Drooby, and the current draft reflects input by Drs Michael Bronze and Steven Crawford. The same document will be forwarded to the Oklahoma Federal Congressional Delegation to inform our representatives and senators of our concerns for, and wishes for the future of Primary Care in Oklahoma."

Oklahoma ranks among some of the lowest states for the health of its citizens.

We respectfully suggest the following to also guide the Oklahoma State Legislature in crafting meaningful health system reform that will increase access to high quality medical care and improve the state of health of Oklahoma citizens.

Primary care physicians belong to the following specialties: general internal medicine, family medicine, general pediatrics, and obstetrics and gynecology. Primary care physicians provide a wide range of medical services including acute and chronic disease management, immunizations, screening, health education and other preventive services. They help patients develop and carry out personal health maintenance and improvement programs which can keep serious medical problems from occurring or worsening.

Oklahoma citizens' access to primary care physicians will not improve without increasing the M.D. and D.O. primary care workforce. This

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access will worsen both nationally and locally if physician workforce predictions hold true. We have already witnessed considerable access difficulties in Oklahoma placing its citizenry at risk for poorer health outcomes. Oklahoma ranks among some of the lowest states for the health of its citizens. The primary care workforce will not increase without significant reform in our current health care system. This is largely due to low reimbursement by all payors for primary care services (also known as evaluation and management services). These services represent the backbone of primary care and consist of history taking, physical examination, formulation of diagnostic possibilities, formulation of a workup plan to arrive at the correct diagnosis, and formulation of a treatment plan that is personalized for the patient's individual circumstances. With the growing indebtedness of graduating medical students (now estimated to be between $140,000 to $180,000 or higher), it is not surprising that many more graduates of U.S. Allopathic and Osteopathic Medical Schools and training programs seek procedural disciplines in which current patient care remuneration is much higher.

The Primary care workforce will not increase without significant reform in our current health care system

Primary care delivered services will be more personalized and more effective if additional support is provided by the State for the provision of office based nursing personnel, along with physician-supervised nurse practitioners and/or physician assistants and certified medical assistants.

Access to **supervised** allied health personnel (nurse practitioners and physician assistants), is accepted, and embraced by the medical community as long as disease specific evidence based guidelines are followed and adherence to said guidelines is followed. We believe that the complexity of primary patient care is such that it mandates that allied health personnel should work under the supervision of physicians well trained to manage complex medical illness.

Patients will be better served when patients can be cared for within patient-centered "medical homes" (PCMH) tailored to meet their personal needs. Examples for such patient-centered medical homes include County Health Departments, refurbished and rededicated rural hospitals that are currently underoccupied and costing the federal government large sums of money, or hospital-based integrated network clinics (whether University or privately owned). PCMH's owned and directed by physicians will need additional financing support to perform quality monitoring functions and acquire much needed medical information technology hardware and software.

- A large, well trained primary care workforce will promote a better state of health for Oklahoma's citizens. Many respected research studies have shown that with an increased primary care physician workforce there are:

- fewer emergency room visits for non urgent medical care
- fewer hospitalizations due to delayed access to primary care
- fewer preventable, avoidable and expensive procedures for common serious medical conditions (e.g. diabetes, heart disease, stroke, common cancers and preventable infectious disease)
- fewer deaths from common serious preventable complications of life changing diagnoses and conditions.

Reimbursements for cognitive services whether provided by primary care physicians or sub specialists should be 140% of the current Medicare fee schedule. Additionally, an adequate care management fee should be paid to each PCMH on a per member per month basis.

At the minimum, information technology must be interoperable between all state owned and managed PCMH's and University based tertiary referral medical centers.

Primary care access could be further enhanced by the recruitment of physicians near retirement or those in retirement age who have maintained their clinical primary care skills with appropriate placement of said physicians in strategically located PCMH's.

Volunteer clinics could be co-managed or at least financially supported by the healthcare

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authority since they will be (and are currently) providing care to the uninsured.

Physician liability insurance from medical malpractice claims for services rendered in PCMH's must be comprehensive, adequate in coverage, and paid for by the healthcare authority.

Evidence based prevention and wellness programs in the workplace should be initiated and directed by physicians well versed in preventive and occupational medicine. While use of generic medicines is known to save money, there are numerous situations where newer non-generically available medications are of better proven benefit. That being said, the healthcare authority will endeavor to guarantee generic products purity, safety, effectiveness and availability at true cost savings to the program.

A medication authorization program will be run wisely by pharmacists, under the direction of clinicians who are well versed in therapeutics, with the knowledge of the full pharmaceutical profile of each patient prior to the initiation of the prior authorization process. The prescribing physician's time in dealing with the prior authorization process shall remain paramount in the design and implementation of the prior authorization program. Imaging preauthorization programs, if implemented, will be under the direction of experienced clinicians who will contact the clinician who ordered the imaging test, to discuss the patient's clinical status after having reviewed the electronic based medical record from a remote location.

Legislators are respectfully reminded that primary care based in patient centered medical homes will not solve all health care problems and cannot be expected to address every single medical condition. Of particular concern to the primary care coalition, is the public expectation that 24 hour services will be provided in those patient centered medical homes and that they might replace access to emergency rooms. Emergency rooms will remain a necessary vital component of the future health system. Additionally, primary care physicians welcome and support the expert knowledge provided by sub specialists in all the fields of medicine and surgery. Primary care physicians do not intend to replace services provided by sub specialists in patient centered medical homes. Rather, primary care physicians will coordinate services with sub-specialists in medicine and surgery. Services provided by these sub specialists are greatly appreciated and highly successful when appropriately delivered to the right patient, at the right time, in the right setting.

Finally, the future primary care workforce members will be hopefully increased, through the Oklahoma State Government, entering into binding contracts with medical students who are willing to work in primary care within Oklahoma. In return, the State of Oklahoma will help pay off the educational debt incurred by medical students prior to entering a primary care residency.

Respectfully Submitted,

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Governor, Oklahoma Chapter,
American College of Physicians

College Targets Emerging Leaders at IM 2009

If you are planning to attend IM 2009 in Philadelphia this year, consider going early so you can attend one of the new leadership development pre-courses offered on Wednesday, April 22. "Essential Competencies for the Emerging Leader" was offered for the first time last year, and was very successful. It combined plenary presentations with small group discussions to help develop competencies in self-assessment, effective communication, team building, and negotiation. An advanced course is also available: "Leadership Competencies: Beyond the Basics." Again using plenary presentations and small group interaction, the faculty will focus on skills needed to create a shared vision, think strategically, empower others, and manage change.**You can also register by phone at 1 800 523 1546, ext. 2600. Member cost is $209 before 2/13/09 and $289 after that.**

Other leadership topics covered during IM Week include: Leadership and Career Advancement for International Medical Graduates; Teaching Residents and Fellows to Teach; New Ideas for Reforming the US Health Care System; Communicating between Generations; Effective Negotiation Skills; Resolving Competing Imperatives; Presentation Skills for Physicians; Teaching, Learning, and Assessing Medical Professionalism; How to Run a Meeting, Manage Time, and Develop Consensus.

All of these courses count towards earning a LEAD (Leadership Enhancement and Development) Certificate.

You are invited to mark your calendars….

Internal Medicine 2009

April 23 — 26 in Philadelphia

Chapter reception will be held on Friday evening at the Philadelphia Marriott

Oklahoma Chapter Annual Scientific Meeting

Oklahoma City in the Mercy Auditorium

Friday, September 11, 2009

(Note change of format)

This will be a one-day meeting with the Award Banquet on Friday evening.

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