

**2017 Upcoming Events**

- **July 29-30, 2017**  
IM Board Review Course—Riverside, CA
- **September 15, 2017**  
CA-ACP Board Planning Retreat—Marina del Rey., CA
- **September 16-17, 2017**  
SoCal Chapters Scientific Mtg—Marina del Rey, CA
- **October 5-7, 2017**  
Fall Board of Governors Mtg—Montreal, QC, Canada
- **October 20-22, 2017**  
NorCal Chapter Scientific Mtg—Walnut Creek, CA
- **October 21-22, 2017**  
CMA House of Delegates—Anaheim, CA

*Posthumous Recognition for  
Outstanding Advocacy Service*

**Jeremiah G. Tilles, MD, MACP**  
March 10, 1932—December 28, 2016

Instrumental in developing the UCI School of Medicine into the institution it is today. And as a long-time advocate for the College and its many policy priorities, Dr. Tilles was honored during this year’s Washington Leadership Day event and will be remembered as a tireless leader “who helped teach and inspire a new generation of physicians in so many ways.”

**Inside this Issue**

- **Board Review Course** Page 2  
Course Details / Registration Information
- **Putting a Lid on Waste:** Page 3–6  
Needless Medical Tests Not Only  
Cost \$200B—They Can Do Harm
- **Washington Leadership Day** Page 7  
Medical Students Share Perspectives
- **Legislative Update** Page 8-10  
ACP CA Advocates for Transparent Drug  
Pricing, Residency Training, Increased  
Access to Care, and More...
- **American Lung Association** Page 11  
Standing Together For Climate Action
- **Covered California’s Strategy To Lower  
Costs And Improve Quality** Page 12





**Cal-ACP 19th Annual  
Internal Medicine Review and Update Course  
July 29 and 30, 2017**

UCR Extension Center, 1200 University Avenue  
Riverside, CA 92507

This Annual Course is co-sponsored by the  
**University of California, Riverside - School of Medicine**  
and  
**St. Bernardine Medical Center**

**Course details and Registration:** [https://www.acponline.org/system/files/documents/about\\_acp/chapters/ca/board\\_review.pdf](https://www.acponline.org/system/files/documents/about_acp/chapters/ca/board_review.pdf)

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# Putting A Lid On Waste: Needless Medical Tests Not Only Cost \$200B — They Can Do Harm

By [Chad Terhune](#) May 19, 2017

California Healthline (<http://californiahealthline.org/news/author/chad-terhune/>)

This story was produced by Kaiser Health News (<http://khn.org>), which publishes California Healthline, an editorially independent service of the California Health Care Foundation.



It's common knowledge in medicine: Doctors routinely order tests on hospital patients that are unnecessary and wasteful. Sutter Health, a giant hospital chain in Northern California, thought it had found a simple solution.

The Sacramento-based health system deleted the button physicians used to order daily blood tests. “We took it out and couldn’t wait to see the data,” said Ann Marie Giusto, a Sutter Health executive.

Alas, the number of orders hardly changed. That’s because the hospital’s medical-records software “has this cool ability to let you save your favorites,” Giusto said at a recent presentation to other hospital executives and physicians. “It had become a habit.”

There are plenty of opportunities to trim waste in America’s \$3.4 trillion health care system — but, as the Sutter example illustrates, it’s often not as simple as it seems.

Some experts estimate that at least [\\$200 billion is wasted](#) annually on excessive testing and treatment. This overly aggressive care also can harm patients, generating mistakes and injuries believed to cause [30,000 deaths each year](#).

“The changes that need to be made don’t appear unrealistic, yet they seem to take an awful lot of time,” said Dr. Jeff Rideout, chief executive of the Integrated Healthcare Association, an Oakland, Calif., nonprofit group that promotes quality improvement. “We’ve been patient for too long.”

In California, that sense of frustration has led three of the state’s biggest health care purchasers to band together to promote care that’s safer and more cost-effective. The California Public Employees’ Retirement System (CalPERS), the Covered California insurance exchange and the state’s Medicaid program, known as Medi-Cal — which collectively serve more than 15 million patients — are leading the initiative.

Progress may be slow, but there have been some encouraging signs. In San Diego, for instance, the Sharp Rees-Stealy Medical Group said it cut unnecessary lab tests by more than 10 percent by educating both doctors and patients about overuse.

A large public hospital, Los Angeles County-University of Southern California Medical Center, eliminated preoperative testing deemed superfluous before routine cataract surgery. As a result, patients on average received the surgery six months sooner.

These efforts were sparked by the [Choosing Wisely campaign](#), a national effort launched in 2012 by the American Board of Internal Medicine (ABIM) Foundation. The group asked medical societies to identify at least five common tests or procedures that often provide little benefit.

The campaign, also backed by Consumer Reports, encourages medical providers to hand out [wallet-sized cards](#) to patients with questions they should ask to determine whether they truly need a procedure.

[Critics have knocked Choosing Wisely](#) for playing it too safe and not going after some of the more lucrative procedures, such as certain spine operations and [arthroscopic knee surgeries](#).

Daniel Wolfson, chief operating officer at the ABIM Foundation, said the Choosing Wisely campaign has been successful at [starting a national conversation](#) about unwarranted care. “I think we need massive change and that takes 15 years,” Wolfson said.

The state effort, dubbed [Smart Care California](#), is in the early stages as well.

Initially, the group has focused on cutting the number of elective cesarean sections, reducing opioid use and avoiding overtreatment for patients suffering low-back pain. In its contract with health insurers, the [Covered California exchange requires](#) that their in-network providers meet a range of quality standards, including low C-section rates.

Dr. Richard Sun, co-chairman of the Smart Care group and a medical consultant at CalPERS, said he’s pursuing safer, more affordable treatments for low-back pain, a condition that cost the state agency \$107 million in 2015. “One challenge is developing metrics that everyone can agree upon to measure improvement,” he said.

For patients, overtreatment can be more than a minor annoyance. Galen Gunther, a 59-year-old from Oakland, said that during treatment for colorectal cancer a decade ago he was subjected needlessly to repeated blood draws, often because the doctors couldn’t get their hands on earlier results. Later, he said, he was overexposed to radiation, leaving him permanently scarred.

“Every doctor I saw wanted to run the same tests, over and over again,” Gunther said. “Nobody wanted to take responsibility for that.”

At Cedars-Sinai Medical Center in Los Angeles, officials said that economic incentives still drive hospitals to think that more is better.

“We have excellent patient outcomes, but it’s at a very high cost,” said Dr. Harry Sax, executive vice chairman for surgery at Cedars-Sinai. “There is still a continued financial incentive to do that test, do that procedure and do something more.”

In addition to financial motives, Sax said, many physicians still practice defensive medicine out of fear of malpractice litigation. Also, some patients and their families expect antibiotics to be prescribed for a sore throat or a CT scan for a bump on the head.

To cut down on needless care, Cedars-Sinai arranged for doctors to be alerted electronically when they ordered tests or drugs that run contrary to 18 Choosing Wisely recommendations.

The hospital analyzed alerts from 26,424 patient encounters from 2013 to 2016. All of the guidelines were followed in 6 percent of those cases, or 1,591 encounters.

Sax said Cedars-Sinai studied the rate of complications, readmissions, length of stay and direct cost of care among the patients in whose cases the guidelines were followed and compared those outcomes with cases where adherence was less than 50 percent.

In the group that didn’t follow the guidelines, patients had a 14 percent higher incidence of readmission and 29 percent higher risk of complications. Those complications and longer stays increased the cost of care by 7 percent, according to the hospital.

In 2013, the first year of implementation of Choosing Wisely guidelines, Cedars-Sinai said it avoided \$6 million in medical spending.

For perspective, Cedars-Sinai is one of the largest hospitals in the nation with \$3.3 billion in revenue for the fiscal year ending June 30. It reported net income of \$301 million.

In Northern California, Sutter has incorporated more than 130 Choosing Wisely recommendations as part of a broader effort to reduce variation in care. In all, Sutter said, it has saved about \$66 million since 2011.

That’s a significant sum. However, during the same period, Sutter reported \$2.7 billion in profits. Last year alone, it posted an [operating profit](#) of \$554 million on revenue of nearly \$12 billion.

Giusto said her team of employees tasked with changing physician behavior and eliminating these variations is separate from administrators who are focused on maximizing reimbursement. She said there can be conflicting forces within a hospital.

“We get real excited about a project with [emergency department] doctors on reducing CT scans for abdominal pain,” said Giusto, director of Sutter’s office of patient experience. “Then I can hear the administration say that was a fee-for-service patient. I just lost money, right?”

Giusto meets with doctors to present data on how many tests or prescriptions they order and how that compares to others. At one clinic, she shared slides showing that some doctors were ordering more than 70 opioid pills at a time while others prescribed fewer than 20. In response, Sutter set a goal of 28 tablets in hopes of reducing opioid abuse.

“Most of the physicians changed,” Giusto said. “But there were still two who said, ‘Screw it. I’m going to keep doing it.’”

Categories: [Capitol Desk](#), [Cost and Quality](#), [Health Industry](#)

Tags: [Electronic Health Records](#), [Hospitals](#)

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# Washington Leadership Day:

## CA ACP Medical Students Share Leadership Experience

By Amira Barkal, Lakshmipriya Subbaraj, and Sarah Takimoto

Learning is both didactic and experiential. As medical students, we study the politics of our health care system and examine the sources of health disparities. **ACP National Leadership Day** gave us the tools to turn knowledge into action. We advocated on behalf of our future profession and, most importantly, our future patients.

Leadership Day is an annual two-day advocacy event in Washington, DC that brings together ACP members from all over the country, including practicing physicians, fellows, residents, and medical students. On the first day, we received an in-depth orientation on ACP's legislative priorities, suggestions on how to approach meetings with Congress members and their staffers, and debriefings from members of Congress and Capitol Hill staffers. On the second day, we organized into small teams of 3-4 to meet with our state's Congress members and their staffers.

ACP aims to improve healthcare infrastructure, from protecting access to health care to promoting graduate medical education. With these goals in mind, we met with Congress members and their staff. Our main priority was protecting patients' access to health care and the expanded coverage seen under the Affordable Care Act. We urged our representatives work towards a bipartisan approach. In that vein, ACP also strongly opposed any cuts to Medicare or Medicaid funding, promoted legislation addressing rising prescription drug prices, and supported expanding coverage for chronic disease management.

Second, speaking for physicians across the country, we also worked to alert Congress to the ever-growing administrative burden stemming from the use of Electronic Medical Records (EMRs), which has been implicated in physician burn-out as well as the erosion of the physician-patient relationship.

Finally, in support of medical education and research, we voiced our strong support for increasing funding for graduate medical education and the National Institutes of Health. In all, communicating ACP's stances on these issues highlighted our focus on advocating for our patients and improving the American health care system as a whole.

The passion and dedication of all those who attended left a memorable impression on us. Through the power of story, ACP Advocates were able to relate with Congressmen and women from both sides of the aisle. It is inspiring as medical students to see physicians leading change and offering a prescription to improve American health care. As we enter the medical field, we know that advocacy is a core part of our medical mission.

Leadership Day was our opportunity to experience *advocacy in action*.

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Photo 1: L-R / Gordon Fung, Amira Barkal, Sarah Takimoto

Photo 2: L-R / Lakshmi Subbaraj, Amira Barkal, Sarah Takimoto

Photo 3: L-R / Raminder Gill, Congressman John Garamendi, Lakshmi Subbaraj, Megha Garg

# ***Your Voice Heard: ACP-California Advocates for Transparent Drug Pricing, Residency Training, Increased Access to Care, and More ...***

*By Tom Riley, Lobbyist to CA ACP Chapters*



ACP-California is actively participating in the state's legislative processes to make sure your voice is heard on issues that impact your practice, profession, patients and community. With the Legislature's summer recess just around the corner, June is a critical time for lawmakers. At the beginning of the month, all bills were required to pass in their house of origin in order to move forward in this, the first year of a two-year session. For a summary of the bills on which ACP-California has taken positions in this legislative cycle, please see the table on the next page.

Policymakers also had to meet a strict June 15 deadline to pass the state budget. One central issue in the budget for physicians this year was the allocation of Prop 56 funds. Per the ballot measure, California's tobacco tax increased by \$2 per pack beginning April 1 of this year, and the revenue was expected to support increased rates for Medi-Cal services. However, the amount to be allocated to Medi-Cal pay rate increases has [fallen short of expectations](#). Instead, the Prop 56 funds set aside by state officials to improve Medi-Cal reimbursement rates are unlikely to incentivize providers to increase the number of Medi-Cal patients they accept, which is critically important to ensure that the one-third of Californians who use this coverage have access to timely, affordable, and high-quality health care.

## ***No Gifts for You: Bill Proposes New Limitations on Physician-Pharma Relationships***

In addition to the bills included in the summary (pg. 9), ACP-California advocates are poised to Oppose [SB 790](#) (McGuire), which prohibits drug manufacturers from giving gifts to health care providers, if forthcoming amendments do not solve unintended consequences of the legislation. The bill defines a gift as a payment, food, entertainment, travel, subscription, advance, or service, or anything else of value provided to the health care provider. While this seems limiting, it is important to note that the bill provides for allowable expenses that uphold longstanding practices between physicians and pharmaceutical companies, including two key areas:

- Sponsorships, honoraria, and payments related to educational events like medical, scientific, and policymaking conference
- Compensation, payments, and supplies related to bona fide clinical trials and research projects valuable to the medical field

The bill requires that these events and clinical trials or research projects have educational value and are beneficial for scientists and health care providers, not just for the financial interests of the pharmaceutical industry. Thus, payments for marketing or promotional presentations are prohibited by the bill. Considerations have been made for other activities within traditional business practices, such as providing meals; SB 790 allows drug manufacturers to spend up to \$250 per health care provider per year on meals. Samples for free distribution to patients, scholarships for events, donations to free clinics, and grants for fellowships meeting certain requirements are also permitted.

► *Please refer to Bill Summary on following pages.*

| Bill No.                | Author                | Title  | Position              | Location                                   | Status Update   |
|-------------------------|-----------------------|--|-----------------------|--|---|
| <a href="#">AB 148</a>  | Mathis (R)            | California Physician Corps Program: practice setting.                                  | Support               | Senate Health Committee                    | Increasing access to quality health care by broadening the definition of practice setting for a critical physician student loan repayment program, the bill has yet to receive any “noes” in the voting process and is currently pending review by the Senate Health Committee.   |
| <a href="#">AB 265</a>  | Wood (D)              | Prescription drugs: prohibition on price discount.                                     | Support               | Senate Health Committee                    | AB 265 prohibits drug companies from offering coupons on prescriptions when a generic or equivalent version of the prescription that is more affordable is available. Before passing through the Assembly, the bill was amended to clarify that the State Department of Public Health will only enforce violations upon receiving a complaint. It is now pending review by the Senate Health Committee.   |
| <a href="#">AB 1221</a> | Gonzalez Fletcher (D) | Alcoholic beverage control: Responsible Beverage Service Training Program Act of 2017. | Support               | Senate Governmental Organization Committee | In solidarity with the California Medical Association and in memory of the two UC San Diego medical students killed in May of last year by a drunk driver, ACP-California representatives are voicing support for AB 1221, which will provide courses to those required to obtain alcohol server certification. The bill is pending review by the Senate Governmental Organization Committee.   |
| <a href="#">AB 1316</a> | Quirk (D)             | Public health: childhood lead poisoning: prevention.                                   | Oppose Unless Amended | Senate Health Committee                    | AB 1316 is pending in the Senate Health Committee, and will be heard on June 28. The bill, which aims to improve the standard of care for children who may have lead poisoning, was revised by its coauthors to expand regulations to include a risk assessment for children based on environmental factors. ACP-California representatives will continue to voice opposition to the double-referred bill given that it departs from physician-determined standards of care. If passed on June 28, the bill will be heard next in the Senate Environmental Quality Committee. |
|                         |                       |  |                       |  | Page 9  |

|                         |               |  |         |                                     |   |
|-------------------------|---------------|--|---------|-------------------------------------|---|
| <a href="#">AB 1534</a> | Nazarian (D)  | Health care coverage: HIV specialists.   | Support | Senate Health Committee             | AB 1534, requiring health plans to recognize eligible HIV specialists as primary care providers, also passed through its house of origin without any “noes.” The bill will be heard next on June 21 in the Senate Health Committee.   |
| <a href="#">SB 17</a>   | Hernandez (D) | Health care: prescription drug costs.  | Support | Assembly Health Committee           | This bill increases transparency in prescription drug pricing by, among other provisions, requiring drug manufacturers to issue notifications 90 days before increasing medication costs by a certain amount. The bill, which will be heard in the Assembly Health Committee on June 27, is supported by nearly 100 organizations, and ACP-California is joining them to advocate for increased transparency in drug pricing. |
| <a href="#">SB 323</a>  | Mitchell (D)  | Medi-Cal: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services. | Support | Assembly Health Committee           | Allowing federally qualified health centers and rural health centers to be eligible for Drug Medi-Cal funding and contracting for specialty mental health services, SB 323 has moved through the Legislature with no opposition. The bill will be heard by the Assembly Health Committee on June 20.  |
| <a href="#">SB 396</a>  | Lara (D)      | University of California: California Medical Residency Training Pilot Program.   | Support | Assembly Higher Education Committee | SB 396, which establishes a medical residency program for undocumented residents, is double referred. It will be heard by both the Assembly Higher Education Committee and the Assembly Health Committee. No formal opposition is recorded for the bill, although high costs may be prohibitive given that the average cost of one residency spot for one year is \$150,000 for existing programs.                            |
| <a href="#">SB 641</a>  | Lara (D)      | Controlled Substance Utilization Review and Evaluation System: privacy.  | Support | Assembly Public Safety Committee    | SB 641 requires law enforcement to obtain a search warrant to access CURES data, upholding patient privacy. While this bill has yet to receive any “noes” in the Legislature, it has received some flak for protecting physician privacy, which could make it challenging to take action against physicians who are abusing their prescribing privileges. Page 10   |

## Standing Together for Climate Action

*Health groups and health professionals can work together to ensure clean air protections for future generations*

On June 1, President Trump announced that the United States would withdraw from the Paris climate agreement, a non-binding agreement that brings together the global community in a common goal to reduce emissions and the devastating effects of climate change to protect human health.

The American Lung Association and American College of Physicians joined numerous nationwide health organizations in denouncing the decision.

“Climate change is already harming the health of people in the United States and worldwide through degraded air quality, heat waves, droughts, extreme storms, disease outbreaks, and more,” said Harold Wimmer, President and CEO of the American Lung Association. “Unchecked climate change is a global health crisis that threatens to reverse decades of health gains worldwide, with serious consequences for our children and generations to come.”



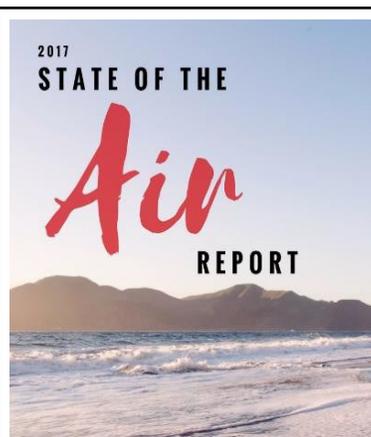
The American Lung Association has been active in California as the state leads the way in taking action on climate change and reducing emissions. We are proud to work with American College of Physicians – California Services Chapter to expand clean air protections, reduce emissions and promote zero- emission vehicles. We are especially grateful to have ACP’s support on SB 100 (De Leon) which strengthens state targets to achieve 100% renewable energy by 2045.

### ***How You Can Help!***

Your health voice is needed more than ever to defend our vital clean air laws. The American Lung Association urges health professionals to add their names to a letter calling on members of Congress to protect the Clean Air Act. We’ll share the letter with members of Congress as well as administration officials whenever public health safeguards are threatened.

You can add your name to the letter at <http://bit.ly/2qayl46>.

For more information on the letter, or to join our team of Health Professionals for Clean Air, contact Jenny Bard at the American Lung Association at [jenny.bard@lung.org](mailto:jenny.bard@lung.org).



### ***State of the Air 2017 Released***

The American Lung Association released its annual *State of the Air* report, which grades regions based on ozone and particle pollution levels.

California cities dominated the national Top 10 lists with Los Angeles, Bakersfield and Fresno leading the way. While much progress has been made, the report shows there is much more to be done to improve air quality so that we can all breathe easier and reduce asthma and lung cancer rates in California. You can see how your region fared in this year’s report at [www.stateoftheair.org/california2017](http://www.stateoftheair.org/california2017).

# Moving The Needle On Primary Care: Covered California's Strategy To Lower Costs And Improve Quality

Lance Lang, Peter V. Lee, and Kevin Grumbach

June 14, 2017



Many of the national policy discussions today are focused on who will be covered and the scope of benefits consumers will receive. Unfortunately, as important as these issues are, neither of them in any way addresses the underlying issues of high health care costs and the highly variable quality of care in the United States. To foster sustainable reform, we need to focus on promoting high-value care, which means we need to address not only insurance coverage but also reform of the delivery system. Covered California, a state health insurance exchange, has taken advantage of its role as a purchaser to work with health plans and clinicians to implement policies to emphasize and enhance the role of primary care.

[\*Access full article\*](#)

[\*Access the Health Affairs Blog Post on Primary Care\*](#)