

The Things That Count

Presentation to Providence Tarzana highlights some key achievements of LACMA and the CMA **BY CHERYL ENGLAND**

ON MAY 19, David Aizuss, MD, an ophthalmologist and former president of the Los Angeles County Medical Association gave an informative presentation to physicians at Providence Tarzana Medical Center on the numerous ways that LACMA and the California Medical Association help physicians. The “short” list included: acting as the voice of physicians and patients; legislative and budget advocacy; economic advocacy; medical staff governance; public and community health issues; providing member services; and offering leadership opportunities.

For legislative advocacy, Dr. Aizuss pointed out that the Center for Government Relations acts as the physician’s voice in Sacramento, educating legislators on the impact of legislative proposals on both patient health and on the physician’s ability to practice. The Center monitors over 500 bills yearly and takes an active public position on over 200 bills. The staff meets with legislators, testifies in committees and prepares policy papers all to protect physician interests.

Examples of recent legislative advocacy victories included the CMA successfully defending its injunction against Medi-Cal provider cuts, saving doctors over \$100 million and helping Medi-Cal patients keep their doctors. The CMA also submitted an amicus brief in support of a lawsuit filed against Blue Cross for illegally canceling patients’ health insurance policies. And legislative advocacy staff successfully waged an extensive lobbying and grassroots campaign to defeat three separate legislative attempts by hospitals and labor unions to erode California’s bar on the corporate practice of medicine. In addition, they counseled the Attorney General on the corporate bar, ultimately obtaining an opinion reinforcing the ban and preventing corporate interests from unduly influencing physicians’ professional judgment. They also defeated a number of legislative attempts to expand the scope of practice of allied health professionals.

Dr. Aizuss also outlined a few pieces

of current legislation being supported by organized medicine:

- **Peer review: AB 655 (Hayashi)** Allows certain information to be shared among hospitals or peer review bodies.
- **Medical school scholarships: AB 589 (Perea)** Providing medical school scholarships for those who agree to practice in underserved areas.
- **Professional corporations - licensed physical therapists and occupational therapists: AB 783 (Hayashi)** Preserves ability for physicians’ corporations to hire physical therapists.
- **Postsecondary education - GME payments: SB 347 (Rubio)** Increasing funding for residency slots in California.
- **Medicine: SB 742 (Yee)** Supporting a new substance abuse / mental health disorder treatment

He also noted that defeating bills is as much work as promoting them. Two examples included:

- **The Physical Therapy Direct Access Bill, SB 924 (Walters)** Expanding the scope of practice for physical therapists in California by allowing them to evaluate and treat patients without a previous diagnosis from a licensed physician.
- **Physicians and Surgeons: Employment, AB 1360 (Swanson)** Create an expanded pilot program to allow eligible district hospitals throughout the state to hire up to 5 physicians.
- And, of course, **MICRA**. (See “MICRA Under Attack” on page 18).

In terms of budget advocacy, Dr. Aizuss explained that the CMA’s lawsuit to stop the 10 percent provider rate cuts in Medi-Cal and Healthy Families would be heard in front of the Supreme Court in October. In addition, the CMA, LACMA and CAL-ACEP advocacy protected the Maddy Emergency Services Fund—around \$60 million—from being “re-directed” to Medi-Cal. Association members have also been active in budget negotiations, protecting funds for critical health care programs.

For economic advocacy, Dr. Aizuss

discussed many of the services the associations provide such as numerous workshops that teach physicians and their staff how to maximize reimbursements, toolkits to help manage finances, information on health care issues and new policies, assistance with state and federal audits and direct contact with payers on your behalf regarding payment issues. He also noted that \$2.7 MILLION DOLLARS was successfully recouped on behalf of members in 2010. Just one successful claim reimbursement can make your membership dues back and more.

Medicare requires an “organized medical staff” and there are Joint Commission standards and California regulations on self-governance of the medical staff. Dr. Aizuss then explained why medical staff governance matters. Patient welfare depends on ongoing review and improvement of the quality of care rendered in hospitals; the medical staff is the only body with the medical expertise, clinical experience and familiarity with the facilities and personnel involved necessary to conduct effective peer review; and the medical staff provides an important check on the actions of the governing body.

Dr. Aizuss also listed many of the community health programs sponsored by LACMA and the CMA including the Alliance Working for Antibiotic Resistance Education, the Cervical Cancer and HPV Project and the Diabetes Quality Improvement Project among others. He also gave a quick overview of member benefits and leadership opportunities (for more on these see pages 30-33 in this edition).

In summary, Dr. Aizuss quoted several grateful members such as Afshin Akhavan, DO, who said “After joining LACMA and CMA, I can now clearly see the importance of involvement of the health care professionals in politics. The impact of our involvement as patient advocates is so tangible and can be very effective. Thank you for your emails and your assistance for collecting some of my money from a health plan that is playing with my payments!” ■