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## TOP STORIES

### Health Centers Sue State To Block Impending Medi-Cal Cuts

Clinics say core patient services are protected by law

SACRAMENTO— A legal skirmish is brewing over whether the state can eliminate funds for adult dental care and eight other medical services provided low-income residents at federally qualified health centers and rural clinics.

**Medi-Cal** cuts in services scheduled for the new fiscal year that starts July 1 are being challenged in a suit filed last week by the **California Primary Care Association**. The **Superior Court** action seeks a writ of mandate to prevent core benefits from being axed at designated health centers, two of which joined in filing the legal brief.

Lawmakers voted in February to halt reimbursements for nine services deemed "optional" under Medi-Cal, including psychiatry, optometry, and podiatry to help plug a soaring budget deficit. The biggest cut is dental care costs for some one million adults.

The lawsuit says health centers provide Medi-Cal patients with \$56 million in annual dental services, considered a mandatory core benefit under both state codes and federal **Medicaid** laws. Other threatened clinic care— acupuncture, speech therapy, incontinence creams and washes, and audiology— are also in the mandatory services category, the suit contends.

**Carmela Castellano-Garcia**, president and CEO of the CPCA, says the legal term 'core physician' encompasses dentists, chiropractors, optometrists, podiatrists, and psychologists whose services cannot be canceled under current rules.

"Despite the state's effort to eliminate Medi-Cal optional benefits, the fact remains that the key state and federal statutes defining the FQHC reimbursement structure remain intact and were not altered by the budget bill," she says. The state **Department of Health Care Services** says it is reviewing the suit.

**Roberto Juarez**, CEO of **Clinicas Del Camino Real, Inc.**, a health center with 10 clinics in **Ventura**, says the pending cuts will result in closure of at least two of its five dental practices and impact remaining **Denti-Cal** benefits for children and the developmentally disabled. The center is receiving \$2 million in federal stimulus grants, which won't offset Medi-Cal losses, Juarez says.— *JOHN LEIGHTY*

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**IN BRIEF**

» **California** is taking aggressive actions to confront a swine flu outbreak, declaring a state of emergency and urging schools to close if a confirmed case of the contagious disease is reported. Public health officials are issuing safety guidelines and the state is the first to do its own confirmatory testing for the new strain of flu officially called **2009 H1N1** rather than send samples to the **Centers for Disease Control**, which takes 48 hours for results. The **California Hospital Association** says it is working with state agencies to establish protocols for hospitals needing antivirals to treat patients or personal protective equipment such as masks, of which vendors have limited supplies. The CDC and **U.S. Department of Health and Human Services** have issued a checklist to help healthcare organizations and other businesses prepare for the impact of a possible widespread outbreak. The key is to protect employee health and safety while keeping essential operations intact, the agencies said in a joint statement as cases increased last week in California and several other states. The preparedness checklist is available at <http://www.pandemicflu.gov/> while California public health flu updates are at <http://www.cdph.ca.gov>

» **Aetna, Inc.** reports first-quarter profits of \$437.8 million, up 1% from \$431.6 million for the same quarter last year. The **Hartford, CT**-based insurer says income was driven by total membership gains of 9% to more than 19 million enrollees as two large national accounts were added during the quar-

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**TOP STORIES** CONTINUED FROM PAGE 1

## Healthcare Task Force Calls For Remaking LA's Shaky Safety Net

Changes needed to avert \$1.2 billion health system deficit

LOS ANGELES— A healthcare task force report on **Los Angeles County's** tattered safety net system recommends expanding public-private partnerships to improve outpatient care and reopening **Martin Luther King Medical Center**.

A panel of health business experts appointed by county supervisors could oversee a retooled safety net system, says the **Los Angeles Healthcare Options Task Force**. In the remaking process, innovative approaches for outpatient care could be utilized— including having some services provided by supermarket chains, the report says.

The task force calls for continuous monitoring of quality measures among public providers, the establishment of "medical homes" to manage the chronically ill, and next-day doctor appointments for all patients who request them, regardless of their ailment. The reopening of MLK Medical Center could address access to care needs of an aging, ailing, and ethnically mixed community in south-central L.A., the report adds.

Despite drastically cutting services over the past decade, the county's **Department of Health Services** is projecting a budget shortfall of more than \$830 million next year, and the deficit is predicted to top \$1.2 billion by 2011 unless alternative solutions are found.

"The unfortunate realities of the economic downturn mean that business as usual in healthcare simply cannot be sustained," says **Woodrow Myers, MD**, managing director of a local venture capital firm and chair of the task force report funded by **California Endowment**.

The report suggests creating a planning commission appointed by county supervisors that would convene in July with a panel of private and public providers. It would operate for 18 months to construct the framework for an enhanced safety net system, and eventually be replaced by a permanent, autonomous board.

The revamping would involve maximizing revenue from **Medi-Cal** services and the federal **Economic Recovery Act** stimulus fund, Myers says. The commission's goal would be to develop the safety net system as a provider of choice— rather than a provider of last resort— through IT-driven improvements and economies of scale to lower costs and attract insured patients to boost revenue.

The task force fails to make specific recommendations regarding funding, other than saying initial backing should come from the beleaguered L.A. County budget.— *RON SHINKMAN*

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**IN BRIEF** Continued from page 2

ter— **Bank of America Corp.** and **Home Depot Inc.** Revenue for the No. 3 U.S. health insurer rose 11% to \$8.6 billion, excluding investment losses. A dampening effect was a 14% hike in medical costs to \$5.8 billion due to layoffs and membership increases in the federal **COBRA** program that keeps health plans temporarily intact for people who lose jobs, resulting in more utilization of medical services by those who fear losing coverage. While earnings topped **Wall Street** expectations, Aetna shares sank an initial 9% because of the unexpected higher medical costs.

» **Kaiser Permanente** members in northern California can now take their digital electronic healthcare records with them when they travel. For \$5, HMO members can receive a portable, thumb-sized "flash" drive containing encrypted data about their health status, medications, EKG, and other information. The device was tested last year with 600 members and is now available to about 3.5 million HMO enrollees in the northern half of the state, says **Robert Pearl, MD**, executive director and CEO of **The Permanente Medical Group**. The password-protected device takes only a few minutes to program, medical updates are free, and the data is in a format that any physician with a computer can open and read. "This flash drive can be carried anywhere around the world, and it allows a person to receive more rapid medical treatment whether they are on vacation or traveling on business," Pearl says.

» A report on the use of emergency helicopter transport in **Monterey**

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**TOP STORIES** CONTINUED FROM PAGE 2

## UCD Students To Practice Rural Healthcare In Sierra Setting

Training gives hands-on experience and high-tech support

TRUCKEE— The **Sierra** mountain town of **Truckee** is the initial site for hands-on summer training in rural healthcare by a dozen advanced students at the **University of California Davis School of Medicine** who can tap into a Telehealth link for remote support from clinical educators on campus.

The school is partnering with **Tahoe Forest Health System** in a program called **Rural-PRIME**, designed to increase access to care in rustic, less populated areas of the state where telemedicine allows specialists at UCD to give long-distance diagnosis of patient conditions and meet virtually with local doctors. Students in rural training stay in touch with instructors, consult with experts, and attend seminars through high-tech videoconferencing sessions.

Students team up with Tahoe physicians in pediatric, family medicine, and obstetrics/gynecology practices serving a population of 40,000 residents that doubles during tourist season, says **Don Hilty, MD**, director of Rural-PRIME and a UCD professor of psychiatry. The health system includes 25-bed **Tahoe Forest Hospital** in Truckee and **Incline Village Community Hospital** in north Lake Tahoe.

Rural-PRIME is part of the UC system's **Programs in Medical Education**, developed to train physicians to practice in underserved regions. California faces a statewide shortage of doctors by 2015, with rural communities having fewer physicians per resident than urban areas while showing higher levels of patients with chronic conditions, hospitalizations, and cancer deaths.

Experiences of medical students in areas like Truckee is a key factor in recruiting them for rural healthcare as physicians, Hilty says. Other training sites in UC's rural healthcare program will be announced later this year for the agricultural central valley, scenic Sierra foothills, and sparse northern counties, he says.

**Thomas Nesbitt, MD**, executive associate dean for the UCD medical school backs the evolution of telemedicine, a technology he pioneered 20 years ago as a way to bring specialty services to rural primary care in **Sacramento County**.

"Patients embraced telemedicine very quickly because they felt they had access to great care," Hilty says. "As soon as doctors found this out, they rolled with it. Now we're adding telemedicine to education."

The Sierra training course is the latest in what will be a series of affiliations with the Tahoe health system, which started its own cancer center two years ago and joined the UCD **Cancer Care Network** last fall. The network brings together experts from a variety of clinical disciplines to discuss patients' conditions and

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**IN BRIEF** Continued from page 3

County shows 373 flights in 2008— up 6% from the previous year— with Medicare, private insurance, and non-profits paying most of the costs. The helicopter service is primarily provided by nonprofit **CALSTAR** in **Salinas**, which charges a basic \$25,000 rate to transfer patients to a trauma center in **Santa Clara County**. Flights take victims to **Regional Medical Center** in **San Jose**, **Santa Clara Valley Medical Center**, or **Stanford Hospital**, says **Tom Lynch**, emergency medical services director of **Monterey County**, which is evaluating whether to open a local trauma center. Of CALSTAR trauma flights last year, 113 cases, or 39%, were for victims of traffic collisions; 91 cases, or 31%, were for medical reasons such as heart attacks, amputations, or seizures; 51 flights, or 17%, were for assaults, shootings, or stabbings; 18 flights, or 6%, for falls; and six flights, or 2%, for burn victims. In addition, about 30% of flights in 2008 were to ferry patients from one hospital to another or transport injured car crash victims to ERs, which was sometimes done by a **California Highway Patrol** medical helicopter in **Paso Robles**. Of all flights, the public had to pay the full cost of 14 transfers with **Department of Motor Vehicle** fees, says Lynch.

» Physicians practicing at **Tri-City Medical Center** in **Oceanside** are challenging the way the healthcare district is governed, saying the seven publicly elected board members are incapable of keeping the hospital competitive. **Richard Burruss, MD**, chief of the medical staff of about 500 physicians, is asking the board to create a panel to

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**TOP STORIES** CONTINUED FROM PAGE 3

**Rural Healthcare cont.**

treatment options with Tahoe Forest physicians via teleconferencing links.

Second opinions come from remote cancer experts while patient treatments are coordinated locally, says Tahoe's **CEO Bob Schepper**, a lymphoma patient at the center. "Patients have access to world-class cancer care, but they don't have to leave the mountains," Schepper says.— *BARBARA MARQUAND*

**Kaiser Targets Grants Toward Most Vulnerable Populations**

HMO gives \$13 million to 400 community health projects

OAKLAND— **Kaiser Permanente** zeroed in on the plight of the uninsured and elderly in the sagging economy by donating \$13 million in first-quarter 2009 community grants to 400 clinics, public hospitals, and safety net providers.

Grants of \$900,000 each were disbursed to five lead agencies of the **California Specialty Care Access Initiative** to increase access and reduce demand for specialty care among uninsured and underinsured populations.

The new funding went to **Southern California** coalitions, but Kaiser says similar grants earlier targeted the northern half of the state and more will be disbursed in 2009 to keep the specialty care access on track.

"When specialty care is deferred due to lack of access, individuals and communities experience unnecessary hardships," says **Raymond Baxter**, Kaiser VP for community benefits, research, and health policy. The initiative was launched in 2007 and targets access to the specialties of gastroenterology, orthopedics, neurology, ophthalmology, and cardiology, he says.

Within California, Kaiser gave two grants to **UC Irvine's Center for Excellence in Elder Abuse and Neglect**, with \$125,000 to support a pharmacy pilot curriculum on elder abuse, and \$150,000 to help establish a statewide elder abuse policy council. Another \$240,000 went to USC for its gerontology fall prevention center coalition.

A \$100,000 grant went to **South Asian Network's Elder Caregivers Program** of **Los Angeles** and **Orange** counties to support training 100 caregivers. The funds increase education for South Asian caregivers on aging issues, provide monthly culturally sensitive workshops, and provide peer support group activities, says Kaiser.

In 2008, Kaiser spent \$1.18 billion to support a range of healthcare projects in nine states, the majority in California.— *JOHN LEIGHTY*

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**IN BRIEF** CONTINUED FROM PAGE 4

investigate alternatives for governing the district, including a partnership with another hospital. The district encompassing most of **Oceanside, Carlsbad, and Vista** is facing a deficit because of a loss of Tri-City patients to **Scripps Memorial Hospital-Encinitas** that physicians partially blame on controversial actions by the board, which voted in December to place hospital **Chief Executive Arthur Gonzalez** and eight other administrators on leave. This resulted in damage suits being filed against the district, and a bond refinancing deal also went sour. The Tri-City nurses union disagrees with the physicians, saying they support the public hospital district's board and don't want quality patient care disrupted by a merger or closure.

» The head of **Los Angeles-based Consumer Watchdog** says state healthcare reform backed by **Gov. Arnold Schwarzenegger** failed last year by focusing on how people would pay for health insurance while ignoring out-of-control premiums by HMOs and high charges for medical care by providers. "Real reform is not about who pays for healthcare, but how much insurance companies, drug manufacturers, hospitals, and doctors are allowed to charge," says **Jamie Court**, president of the L.A. group. Court was in **Washington, DC**, as a **Congressional Senate Committee** held a hearing on how state efforts in health reform could impact the national debate. "Unlike states, the federal government has the ability to offer a true public plan to compete with and drive down the wasteful overhead of private insurers," Court says.

» **Marin General Hospital in Greenbrae** is converting to a new business IT system as the clock ticks down for **Sacramento-based Sutter Health** to turn over the management reins to the local healthcare district. "We have to be ready to send out a bill when a patient gets discharged the first day," says **Lee Domanico**, executive director of the district that has signed a \$55 million contract with **Affiliated Computer Services**. The agreement calls for ACS to deliver a new information system and maintain it through 2017. ACS is subcontracting with **San Francisco-based McKesson Corp.**, which will supply an integrated **Paragon** software system that contains clinical, financial, and HR modules. ACS will add an EHR system after the district takes control of the hospital in **June 2010** and has also signed a \$12 million contract to set up and operate Marin General's business office for three years.

» A new **American Hospital Association** survey says the economic recession is forcing 28% of the nation's hospitals to scale back IT projects already in progress, while 27% have decided not to move forward with planned IT projects, and 6% are halting projects already started. Another 34% of hospitals are not implementing planned clinical technology, while 32% are scaling back in the area and 6% are canceling clinical IT projects already underway, the AHA report says.

» **Greg Angle**, former head of **Carondelet St. Joseph's Hospital in Tucson, AZ**, is new president and CEO of 265-bed **Los Robles Hospital & Medical Center in Thousand Oaks**. Angle, a 25-year veteran of healthcare management, says his first major task is to have the hospital ER certified as a trauma center for eastern **Ventura County**.

**EVENTS**

**May 7-8, 8th Annual Health Literacy: Bridging Research and Practice Conf.**, Irvine. Institute for Healthcare Advancement will discuss research and tips to help low health literacy patients. 800/434-4633; [www.ih4health.org](http://www.ih4health.org)

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**June 3-5, America's Health Insurance Plans Institute 2009.** San Diego. A comprehensive event with the first day devoted to teaching healthcare professionals the essential dynamics of the health insurance marketplace. This is followed by general sessions on healthcare reform issues and networking events with a closing luncheon address by Tom Daschle, former Congressional Senate Majority and Minority leader. For info or to register call 877/291-2247 or visit [www.ahip.org/conferenceandevents](http://www.ahip.org/conferenceandevents)

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This position requires an Associate's degree and at least five (5) years of coding and compliance experience in an academic physician practice. Must have current coding certification (CPC, CCS, or CCS-P.) Demonstrated ability to explain complicated coding and compliance concepts to physicians and staff, excellent written and verbal skills required.

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[pmghumanresource@chla.usc.edu](mailto:pmghumanresource@chla.usc.edu) EOE.



### CALIFORNIA HOSPITAL ASSOCIATION

The California Hospital Association is seeking a **DIRECTOR OF REIMBURSEMENT PROGRAMS** to provide advocacy and support for financial and reimbursement issues affecting California hospitals and health systems. This position requires a Bachelor's degree in Finance, Accounting, Business or Healthcare Administration and a minimum of seven years experience in a hospital reimbursement environment.

To apply, please submit cover letter, resume and salary requirements to [jobs@calhospital.org](mailto:jobs@calhospital.org). To learn more, please visit our website: <http://www.calhospital.org/public/about/jobs.html>.



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