California Family Physicians Prep for Reform

BY TIMOTHY F. KIRN
Sacramento Bureau

SACRAMENTO — California's family doctors are not waiting for health care reform to come to them.

For the first time, the California Academy of Family Physicians split its Congress of Delegates meeting from its scientific assembly in order to bring the delegates here to the state capital.

While policy issues were discussed and debated by the congress, the main reason for the Sacramento sojourn was to introduce delegates to the workings of state government and the current politics of health care, and to have them make contact with their individual legislators.

Such preparation will help CAFP be ready to affect health care reform proposals while they are being considered and specifically to help the academy to push greater acceptance of the medical home concept, said Tiffany Hasker, director of communications for CAFP.

"The more physicians that talk about a topic, the better the policy that comes out of it," said Dr. Joseph F. Leonard, a delegate who practices in San Diego.

To bolster their efforts, delegates were trained by Tom Riley, CAFP chief lobbyist in Sacramento. Mr. Riley led delegates in a workshop on how to talk to legislators.

Delegates also heard from a member of the California State Assembly, Dave Jones (D-Sacramento). Mr. Jones told delegates that a recent proposal for universal health insurance coverage in California was similar to the mandate adopted by Massachusetts, a plan that required state residents to have insurance but did not impose caps on premiums. The Massachusetts plan is now in trouble as health care costs have continued to rise and more residents than expected have signed up for state-subsidized health plans, costing the state more than was anticipated, Mr. Jones said.

Regarding progress on getting the medical home concept integrated into medical payment, Sandy Newman, director of health policy for CAFP, told the delegates that the Medicaid pilot program in North Carolina has shown that a medical home can reduce costs, with an estimated $60 million saved by the program in 2003, and an estimated $124 million in 2004.

The program, which was launched in 1998, incorporates the medical home concept, and compensates designated medical home physicians $2.50 per member per month, and it now covers 74% of the Medicaid population in the state, Ms. Newman said. With success like that for encouragement, Medicare now plans to initiate medical-home pilot projects in eight states, she added. The Congress of Delegates also addressed other issues and resolutions. New positions that were adopted include the following:

► **Medical marijuana.** The delegates passed a resolution supporting availability of medical marijuana, used under the care of a physician, for patients with chronic pain, nausea, vomiting, or wasting syndromes, for whom other medications are ineffective or intolerable. The resolution also calls for more research.

The position updates a previous statement, passed in 1994, that called for expediting availability to medical marijuana.

One objection raised against the resolution as it was proposed came from a delegate who was apprehensive about any position that supported smoking.

Since the CAFP already supported access, the new policy actually does not broaden their support, but rather limits it somewhat by better defining when it might be appropriate, said Dr. Carol Havens, a member of the CAFP board of directors, who practices in Sacramento.

"We don't want to be supporting the practice of treating the patient with bipolar disorder with marijuana," she said.

► **Hyde Amendment.** The delegates supported a resolution calling on the AAFP to work for repeal the federal Hyde Amendment, passed in 1976, which bans the use of federal funds for abortion.

"It's just outright discriminatory," said Dr. Norma Jo Waxman, a delegate from San Francisco. "It discriminates against poor women. It discriminates against our military women. And, it is just plain wrong."

► **Contraceptive access.** The delegates voted to encourage California insurers to compensate physicians when they provide contraceptive services such as fitting an intrauterine device, and for providing coverage for a full 12-month supply of a contraceptive except where it is medically contraindicated. ■