A Less Than Optimistic Editorial: Is Obamacare Shoving Doctors out of Private Practice?

Recently media attention has been directed at a potential trend of physicians practicing privately steadily dropping. In an editorial published on the website “Motley Fool”, Keith Speights is one of many exploring where the trend in physician private practice drop out is headed. READ MORE

California HealthCare Foundation: Medical Facts and Figures - A Program Transforms

Medi-Cal, California's Medicaid program, pays providers for essential primary, specialty, acute, and long term care services delivered to more than seven million Californians: children, their parents, pregnant women, seniors, and nonelderly adults with disabilities. In fiscal year 2012–13, Medi-Cal is projected to draw more than $37 billion in federal funds into the state's health care system and will account for nearly 23% of General Fund spending. READ MORE

Health Care Reform Success May Rest with How Culturally and Linguistically Diverse Communities Respond

The White House says 2.7 million young and healthy Americans need to enroll in the first year to keep premiums affordable. And one-third of them live in just three states: Texas, Florida and California, all of which have large Latino populations. READ MORE

Covering Health Care Reform: Keeping Up with Information At A Glance

At A Glance is focused on providing information to you on health care reform resources, editorials, and facts. There are so many other outlets struggling to do the same, covering health reform has become an industry unto itself. READ MORE

Assisters Program: At A Glance

At A Glance features a June 6 webinar on the Exchange stakeholder webpage. The Exchange webpage links general information for stakeholders. It also links any “surfer” of the page to other specific stakeholder groups. READ MORE

Announcement – Three Webinars READ MORE
A Less Than Optimistic Editorial: Is Obamacare Shoving Doctors out of Private Practice?

In the article, author Keith Speights explores whether Obamacare has a correlation to this situation. He poses the question, “Is the accusation based on fact or fantasy? And what trend is really emerging?”

In his online editorial, Speights discusses a 2012 survey of physicians conducted by the Doctor Patient Medical Association (DPMA) that found that 90% of physician respondents thought the U.S. medical system was on the wrong track. 83% said that they were actually thinking about leaving the profession. 95% of physicians responding to the survey thought that private practices are losing out to corporate medicine. Most respondents indicated that government was to blame.

There is a problematic issue with the 2012 survey’s provocative finding; only 4.3% of these surveys were returned. Consequently, responses don’t necessarily accurately represent the opinions of physicians nationwide. Secondly, government was mentioned as the problem—not Obamacare or the ACA.

A physician survey by Deloitte in 2013 that did use statistically valid sampling methods appears to confirm some of these concerns, albeit with lesser intensity. This survey found 57% of physicians think “the practice of medicine is in jeopardy.” Only 31% gave the U.S. health care system a favorable grade. 62% said more physicians will retire early because of how the practice of medicine is changing with around 75% saying fewer qualified individuals will pursue medicine as a career.

Regarding Obamacare, 44% of physicians think that the law is “a good start” compared to 38% who think that it is “a step in the wrong direction,” with 18% undecided. 93% of physicians are concerned about being paid too little for services performed under episode-based bundled payments, which was promoted in Obamacare. More than half of physicians expect their incomes to fall dramatically over the next three years.

Additionally, another data source, a 2011 survey by the Medical Group Management Association, showed almost 75% more doctors employed by hospitals since 2000. Less than half of all U.S. doctors now work in private practices. An article published in the New England Journal of Medicine attributed acceleration of this trend to Obamacare.

So is there a trend? Are physicians saying goodbye to private practice for large entities?

Speights examines other possibilities that can lead to physicians choosing to work for large entities and leave private practice, addressing “will this trend of doctors saying goodbye to their private practices be a good thing? Speights concludes not necessarily stating according to one estimate, Medicare pays more than $1 billion per year than it would otherwise when doctors work for hospitals. That’s largely because hospitals receive higher reimbursements from the government program for many specialty services than individual doctors would. Speights concludes:

“Physician private practices will almost certainly continue to decline, but they probably aren’t headed for total extinction. Some doctors will resist the temptation to work for larger entities, even if their pay suffers as a result. While the shift away from private practices was already under way prior to Obamacare, the legislation definitely threw gasoline on the fire. As a result, perhaps another federal action is now needed: adding physician private practices to the endangered species list.”

Obamacare will have far-reaching effects. The Motley Fool’s new free report, ”Everything You Need to Know
About Obamacare," lets you know how your health insurance, your taxes, and your portfolio will be affected.

As Health Reform is implemented in California, one thing we can count on is a more media attention on what are the direct and indirect causes of implementation. To read the full article link to:

California HealthCare Foundation: Medical Facts and Figures: A Program Transforms

The program is in the midst of a major transformation, as it shifts most enrollees to managed care and prepares for a major expansion due to the Patient Protection and Affordable Care Act (ACA). Enrollment will surge in 2013 as more than 850,000 children transition to Medi-Cal from the Healthy Families Program. Medi-Cal will see an estimated total increase of one million or more enrollees due to the ACA, including 680,000 people in 2014, the first year of Medi-Cal expansion under health reform.

As Medi-Cal evolves, it faces numerous challenges, including ensuring that enrollees have appropriate access to care and controlling health care costs. Medi-Cal Facts and Figures: A Program Transforms serves as an up-to-date overview of Medi-Cal, covering program eligibility and enrollment, benefits, service delivery, background on policy issues, budget, and forces that affect the program's costs.

See the complete report in the interactive viewing pane below or get the PDF under Document Downloads at the bottom of the page. The 2009 edition is also available.

Read more: http://www.chcf.org/publications/2013/05/medical-facts-figures#ixzz2VwWe0g76
http://www.chcf.org/publications/2013/05/medical-facts-figures

Health Care Reform Success May Rest with How Culturally and Linguistically Diverse Communities Respond

Of the six million people in California who are expected to shop for insurance in the state’s exchange, at least 1.3 million are Spanish speakers and are eligible for a subsidy to help pay for health insurance. California, according to the White House, is already emerging as the model for a successful outreach campaign.

The California Endowment, a private health care foundation based in Los Angeles, has made Latinos a key part of its $225 million enrollment campaign. The foundation has teamed up with the three largest Hispanic media organizations in the state — Telemundo, Univision and ImpreMedia (which publishes La Opinion, La Prensa and El Diario, among other news outlets).

All three media organizations will deploy a broad arsenal to get out the message, using television, radio, mobile platforms and the Web. “They’re going to meet nearly 100 percent of the target Hispanic families,” a senior administration official predicted during Thursday’s background briefing, adding that “could be replicated” in other states.

The White House estimates that 10.2 million uninsured Latinos will be newly eligible for some sort of coverage under the Affordable Care Act. The success of ACA will largely depend on reaching out to culturally and linguistically diverse communities and communicating that if you seek services they will be available, you will be covered, and that the care you receive will result in better outcomes for you and your family. However this is a promise that has been made before and one we may not be able to keep.

For more on the article that prompted this summary, please go to the following link:
http://capsules.kaiserhealthnews.org/?p=20012&utm_source=feedburner&utm_medium=feed&utm_campaign=...
Covering Health Care Reform: Keeping Up with Information At A Glance

The column addresses the challenges journalists face covering the ACA, but ACA implementation confronts the health policy community with challenges that are at least as formidable as those faced by journalists. We have reproduced the areas focused on in the article for ease of review:

**ACA IS NO LONGER A WASHINGTON STORY**

As the story moves to the states, national news organizations will need to cover the law’s implementation beyond the Beltway and explain what it means for the American people. Few national news organizations have the “eyes and ears” across the country to do this well, and regional and local news organizations do not have the on-staff health policy expertise, even if they have the local ties.

**CRITICS WILL FEED REPORTERS ACA HORROR STORIES AND SUPPORTERS WILL SELL THEM SUCCESS STORIES**

Every journalist will be able to find a bad ACA story or a good one. When does “one” person’s experience represent “many” or “most”? The gold standard is to take examples from a statistically representative group using a scientifically valid survey, but that’s just not going to happen very often with reporters working under deadlines. Journalists will need to do interviews, check with experts, scrape together what early data exist and make judgment calls about whether the anecdote they have is an outlier or representative of broader experience.

Let’s say Bill Smith in Arkansas chains himself to the IRS building and refuses to pay his fine in protest of the law’s requirement that Americans buy health insurance, but that overall, the mandate works smoothly, as it has in Massachusetts. No doubt, Smith will be “breaking news” on your favorite cable channel. With complex stories like ACA, there is a temptation to cover only breaking news and not the broader story. These news judgments matter because powerful anecdotes stick in the public mind in ways statistics never will.

**WHAT TO COVER**

When the “death panel” story broke, many news organizations sprang into action to fact check and debunk the claim. Cable news covered the story day after day. No doubt the repeated coverage of nonexistent death panels contributed to public anxiety about the law. Today, 40 percent of the American people still believe there are death panels in ACA. News organizations need to make their own judgments about what is important to cover and be on guard against being manipulated by the political process. The decision about what stories to cover can be even more important than how to cover them.

**THE PRESSURE TO PRESENT THE VIEWS OF THE ORGANIZED RIGHT AND LEFT RATHER THAN THE FACTS**

This is a general problem for journalism today but one that is particularly relevant to ACA because views on it are so sharply divided along partisan lines. I recently moderated a panel with three top journalists from The New York Times, NPR and The Wall Street Journal. All three said that the pressure to do just this was their biggest challenge covering health reform in a hyperpartisan Washington. It is not always easy to find the facts, and sometimes issues are maddeningly gray in health policy. But often the facts are clear in statute or regulations. They are in a government report or a study from a respected organization.

Our polls show that the public remains only dimly familiar with the details of ACA, and those who stand to gain the most (the uninsured or people with pre-existing medical conditions) often know the least.
As the main elements of the law are implemented, efforts are being mounted by the federal government, states and nonprofit organizations to inform people. As important as these targeted awareness and outreach efforts will be, the news media have always been the public's main source of health information. And while local TV news has traditionally been the public's top source of health news, newspapers, radio, online news and cable news are closely bunched as their top sources of information about ACA. How well news organizations step up to these and other ACA coverage challenges will have a big impact on implementation of the law and public judgment about it.


Assisters Program: At A Glance

One webinar recently posted was on the Assister’s program. Below is the information that is still available asynchronously. Look for the information on the “Assisters Program Draft State Regulations Webinar” (2nd Viewing). It was originally conducted on Thursday, June 6, 2013, from 9:30 a.m. to 11:00 a.m. The following hyperlinks will take you there:

- Click Here to View a Recording of the Webinar
- Presentation Slides
- http://www.healthexchange.ca.gov/StakeHolders/Pages/Default.aspx

Announcement – Three Webinars

THREE UPCOMING WEBINARS TO EXPAND INTEGRATED HEALTHCARE

BRIDGING CRIMINAL JUSTICE & COMMUNITY HEALTHCARE: INTEGRATION'S ROLE IN REENTRY
Date: Tuesday, June 18, 2:00-3:30 pm EDT
Register: www.integration.samhsa.gov/about-us/webinars

In 2014, an estimated 22-30% of people newly eligible for Medicaid will have had contact with local criminal justice systems. Creating new levels of community engagement will be vital to community-based primary care and behavioral health providers, given the complex healthcare needs of individuals transitioning out of criminal justice systems. Expanded access to healthcare brings new opportunities and showcases the need for community partnerships with local criminal justice systems.

Learn why a public health approach will address this community need, and what providers must do to bridge the integration of primary, behavioral health, and criminal justice. Examine case studies, explore research-based practices, and gain insight into how these systems can work toward improved care coordination together.

TREATMENT INNOVATIONS: PERSPECTIVES FROM ADDICTION PROVIDERS INTEGRATING PRIMARY CARE
Date: Monday, June 24, 12:00-1:30 pm EDT
Register: www.integration.samhsa.gov/about-us/webinars

Addiction provider organizations increasingly provide onsite primary care by partnering with community health centers or expanding their in-house capacity. This trend is a direct result of national health reform’s emphasis on improving healthcare coordination. By integrating addiction treatment and primary care, providers can help address interrelated conditions by ensuring higher quality care — and ultimately improve health outcomes for people with addiction disorders.

To explore what we can learn from earlier adopters of addiction treatment and primary care integration, CIHS
convened a meeting with addiction treatment providers who have already integrated primary care services for an in-depth discussion about their efforts. This interactive webinar will explore the practical knowledge and on-the-ground experiences of three providers, which are also represented in CIHS’ new report, Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services. (We encourage you to read this report in advance to get the most out of your webinar experience.)

MEDICAID HEALTH HOME IMPLEMENTATION IN MISSOURI: A YEAR LATER
Date: Thursday, June 27, 2:00-3:30 pm EDT
Register: www.integration.samhsa.gov/about-us/webinars

As states explore Medicaid health homes as a viable solution to addressing the needs of individuals with multiple chronic conditions, there are many lessons to be learned from Missouri, one of the first states to implement Medicaid health homes and the first state to implement health homes for populations with serious mental illness. What can we learn from Missouri’s first year of implementation, where they enrolled 17,000 individuals? How has this model of integration and health delivery improved coordination and service delivery?

Dr. Joe Parks, Medical Director for Missouri’s Department of Mental Health and a Missouri Health Home provider, will share outcomes achieved in Missouri’s first year of implementation. Want to know what system and organizational transformation worked and how you can take steps to prepare for Medicaid health homes? Whether you work in a state with an approved Medicaid 2703 health home proposal or not, you’ll learn some of the steps Missouri took and the measurable outcomes that have been achieved.

Registration for all CIHS webinars is free, but space is limited to the first 1,000 attendees. Closed Captioning Available Upon Request

Changes to At A Glance

This next year At A Glance will have a new look and is working at a different distribution method, coming to you once a month via e-mail, not through at attachment but as a HTML publication. Regardless of how we look, or how you read us, At A Glance will be dedicated to sharing as many resources as possible, perspectives we can find, and events you can attend to remain connected to the changing landscape of Healthcare, Mental Health, and Substance Use in California.

Lastly, we want to thank each of you for your feedback, suggestions, and recommendations - - - so, a big THANK YOU from the team that has put each biweekly edition up…

~ Darcy McGaffic, Katie Culliton, Adrienne Shilton, and Brian Keefer ~