

Los Angeles Academy of Family Physicians Newsletter  
Vol. 46, No. 4                      October 2014

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Welcome to the October e-newsletter. This month traditionally marks the beginning of the flu season. As you discuss with your patients the importance of getting their flu shots, or as you encourage your family and friends to get theirs...don't neglect getting one yourself. It is quite reasonable that you take care of your health as a #1 priority, so that you will be well enough to take care of your patients...AND...so that you will be well enough to join us at our November 22 Member Family Event.

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**Member Family Event at the LA Zoo**

5333 Zoo Drive, Los Angeles



Please join me, with my family, and other Academy leaders and colleagues, along with their families, on Saturday, November 22, at the LA Zoo:

A quick glance at the day:

- 10:15 p.m.      Enter the front gate with your free entrance tickets
- 10:30 p.m.      Meet at Treetops Party Gazebo #1 for a get-acquainted time and a brief business meeting
- 11:15 p.m.      Enjoy a delicious western picnic lunch
- 12:30 p.m.      Feel free to visit the park until 5:00 p.m., closing time

*(Parking is free; preferred parking is \$6 per vehicle.)*

RSVP by noon on Wednesday, November 12. Your tickets will be mailed to you. Space is limited. RSVP early to guarantee your reservation by [clicking here](#).

Best wishes,  
José Avalos, MD, President

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## President's Message



*Los Angeles Academy of Family Physicians, 2014 President, José Avalos, MD*

### **Another reminder of being on the front lines - The New Epidemics**

As family physicians we often describe our role as being on the front line of medicine. During this latest Ebola epidemic, I am reminded of just how important and challenging that role is. I clearly remember the morning after the first confirmed case of Ebola in Dallas was reported in the lay media. I sat my medical assistant down and went over universal precautions and also emphasized the importance of getting a travel history at intake. We both have children and when our conversation ended, we had firmly established the point that there are parts of our job we absolutely do not want to take home.

The fast spreading Ebola outbreak is but one of many new challenges family medicine will encounter. As teaching faculty at a residency, I still round with my team of residents. Most recently, we had two unfortunate, but interesting, cases. We had an elderly woman present with altered mental status and fever; LP was suspicious for viral encephalopathy. Given the epidemic of West Nile Virus affecting LA and Orange County, we sent out to test for it. Her tests came back positive. Regrettably, the patient took a turn for the worse and is now in our ICU. That same day we also admitted a patient with fever who had recently returned from El Salvador complaining of mosquito bites and worried she had the painful disease many people are dealing with there. She, of course, was referring to the Chikungunya virus outbreak affecting the Caribbean and Central America. Fortunately for this patient, her course was not consistent with the disease and she was discharged quickly.

After inquiring with my lab, I found out it is quite a complicated process to even send off a lab specimen to check for the disease.

All three of the above epidemics have occurred in the United States within recent years and serve as a reminder of how important family physicians are, not just for the established chronic disease management of primary care but also as first responders to developing public health crises. It also highlights the unique position we have in disease prevention from making simple recommendations to our patients (like using mosquito repellent or removing any standing water near our homes) to handling more complex case management in caring for critically ill inpatients and utilizing new emerging disease screening.

Obviously, I wish these challenges weren't the reality of our times; but I feel blessed to be in a field that is able to tackle them as they present. I am glad my residents and medical students see family physicians doing more than just taking care of hypertension and diabetes. I know it is experiences like these that demonstrate the truly rewarding nature of our specialty and why more and more US students are choosing to take a second look at our field.

I hope you are able to join us for our Chapter's next event this November 22, 2014 at 10:15 am at the LA Zoo. We will be having a brief business meeting to introduce our newly elected officers, a private lunch and enjoying the zoo all day until closing. The event will be free for members and their families, so space is limited. If you haven't already done so, please [click here to RSVP](#).

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## Editorial



### Talking points on why the LAAFP Opposes Prop 46:

*Los Angeles Academy of Family Physicians,  
Assistant Secretary-Treasurer, Shannon Connolly, MD*

The upcoming November election has the potential to dramatically alter the practice of medicine in California. The Los Angeles Academy of Family Physicians has strongly opposed Proposition 46 since it was first introduced. You've been hearing about it at the All Member Advocacy Meeting, our newsletters, and most recently at our member dinner. As the elections approach, here are some talking points to use when discussing Prop 46 with colleagues, friends, families, and--if appropriate, patients.

1. Prop 46 costs too much: Prop 46 would raise the cap on non-economic damages for medical malpractice awards by over 400%, from \$250,000 to \$1.1 million. These costs would get passed on to both purchasers and providers of health care, disproportionately disadvantaging MediCal and safety net providers and their patients. Malpractice insurance costs would skyrocket and health care would become less affordable for patients. California's independent nonpartisan

Legislative Analyst's Office estimated that this would cost state and local governments several hundred million dollars annually, and would cost the average family of four an additional \$1000 per year in medical expenses. For many family doctors, the increases in malpractice insurance rates would make it impossible to practice, further contributing to the significant shortage of doctors. Additionally, the lure of bigger payouts for malpractice lawsuits could cause a dramatic increase in frivolous suits, taking valuable physician time away from patient care.

2. Prop 46 mandates the use of an electronic drug prescription monitoring system that is not prepared to meet the demand. Prop 46 would mandate use of the statewide CURES database by prescribers. Although the CURES database is a potentially useful tool that can aid physicians in ensuring safe prescribing of controlled substances, it is chronically underfunded and currently does not have the staffing or technological infrastructure to support the kind of use proposed by Prop 46. Without additional funding and support, a mandate to run CURES reports on patients would result in frustration and added bureaucracy for providers--not to mention privacy concerns and barriers to access to prescriptions for patients.
3. Random drug testing for doctors is a distraction and not a solution for a real problem. Prop 46 would require doctors to submit for alcohol and drug testing within a 12-hour timeframe of being called. The proposal includes a "presumption of negligence" for any physician who is unable to submit for drug testing within that time frame. There are already regulations in California that criminalize the practice of medicine while intoxicated. This clause was added to Prop 46 to disguise its real intent—to increase the limit on medical malpractice awards.

While Prop 46 may appear to be designed to improve patient safety, almost every major medical group in California opposes it, including the Academy of Family Physicians, the California Medical Association, American Nurses Association, the American College of Obstetricians and Gynecologists, the American Osteopathic Association, the American College of Surgeons, the California Association for Nurse Practitioners, the California Psychiatric Association, and California Dental Association.

Join us in voting NO on Prop 46, because we know that increasing lawsuits won't improve the quality of healthcare, but it will make healthcare more expensive for Californians.



## Legislative Affairs Update

*Wesley G. Bradford, MD, MPH*

**Prop 46**, the trial lawyers' anti-MICRA ballot initiative, would raise the cap on non-economic ("pain and suffering" damages) from \$250,000 to \$1.1 million, and add compulsory physician drug-testing "to protect California patients!" (and expand trial lawyers' incomes). If it passes, start planning for a big increase in

your next year's medical liability insurance bill and entering your new drug-testing program.

MICRA's non-economic damages cap was enacted in response to rapidly rising medical liability insurance costs that were driving physicians out of practice. Since then, California's medical liability costs have stabilized and remained much lower than in other states, but that could change in November. Taxpayers and consumers would pay the increased costs (there's no free lunch), and fewer physicians may be in practice. We need your help to continue to educate voters about Prop 46:

- Tell your patients about the dangers of this ill-conceived ballot measure, and pass out **Prop 46 brochures** which you can order online [here](#).
- See the CAFPP [website](#) on what physicians and patients can do to oppose it.
- [Click here to sign up](#) to personally oppose the ballot initiative (and ask your patients also).

### **Governor Signs Almost Every CAFPP-Supported Bill**

The deadline for Governor Jerry Brown to sign or veto bills arrived this week. Thanks to the great work of CAFPP Key Contacts and staff, the Governor has signed 15 of 17 CAFPP-supported bills. Below are just a few of the highlights:

- [AB 357 \(Pan\)](#) creates the Medi-Cal for Families Advisory Panel, an oversight body for children's health at the Department of Health Care Services, to ensure children are effectively represented after the elimination of the Healthy Families program.
- **AB 1838 (Bonilla)** permits graduates of accelerated and fully accredited medical education programs in California or other states to become licensed physicians in California. Currently, only graduates of a "four year medical school" can receive their license. While the accelerated programs would not in and of themselves increase the number of physicians, they can help reduce medical student debt. These programs do not replace the traditional medical school training schedule, but rather enable uniquely qualified students to receive the required amount of education in a concentrated curriculum. This happens by creating a modified, year-round education schedule that often eliminates summer breaks and involves reduced time for electives.
- [SB 964 \(Hernandez\)](#) increases oversight of health plans with respect to compliance with timely access and provider network adequacy standards.
- [SB 1053 \(Mitchell\)](#) requires health plans, including Medi-Cal managed care plans, to provide coverage for women for all prescribed and FDA-approved female contraceptive drugs, devices and products, as well as voluntary sterilization procedures, contraceptive education and counseling and related follow-up services.

### **New Prior Authorization and POLST Forms**

A new law (SB 866) requires the use of a standardized two-page form for prescription drug prior-authorization requests. If insurers don't respond in 2 days, the requests will be deemed authorized. Unfortunately, there are **two different implementation dates**: [Jan 1 for DMHC](#) regulated products (HMOs, their contracting medical groups, and most Blue Cross/Blue Shield PPOs), and [Oct 1 for DOI](#) regulated products (all other PPOs and the Blue Cross/Blue Shield Life & Health products).

Effective Oct 1, a new version of Physician Orders for Life-Sustaining Treatment (POLST) will be implemented, for end-of-life patient care. Only the new version of the POLST form, printed on bright pink paper, should be used, although previous versions will continue to be honored.

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### Election Results

Thank you for choosing your 2015 representatives. Involving yourself in academy affairs not only helps your local Academy move forward under insightful leadership, it is an encouragement to those who have been chosen.

#### Executive Committee:

President:	Art Ohannessian, MD
President-Elect:	Kevin Rossi, MD
Vice-President:	Shannon Connolly, MD
Secretary-Treasurer:	Katrina Miller, MD
Assistant Secretary Treasurer:	Rebecca Bertin, MD

#### State Board of Directors:

District III: Director, Liz Kalve, MD	Alternate Director, Art Ohannessian, MD	
District IV: Director, Dan Castro, MD	Alternate Director, Jay Iinuma, MD	

#### Delegates:

Rebecca Bertin, MD  
 Shannon Connolly, MD\*  
 Julie Ann Howard, MD\*  
 Kelly Jones, MD\*  
 Sarah Louie, MD  
 Katrina Miller, MD  
 Gerardo Moreno, MD\*  
 Theresa Nevarez, MD  
 Carrie Nichols, MD\*  
 Art Ohannessian, MD  
 Kevin Rossi, MD

#### Alternate Delegates:

Monica Plesa, MD\*  
 Gary Seto, MD  
 Gil Solomon, MD\*  
 John Terando, MD  
 Selene Velasco, MD  
 Leanne Zakrzewski, MD

\* Indicates term ends in 2015

**MINUTES**  
**EXECUTIVE BOARD & MEMBERS MEETING**  
September 10, 2014

President, José Avalos called the meeting to order. A total of 57 members and guests were in attendance; Dr. Avalos did not ask for personal introductions; however, he did introduce members of the Executive Board who were present. The Treasurer's Report was presented and accepted as printed with the agenda. There was a call for nominations from the floor. Dr. Art Ohannessian nominated Dr. Selene Velasco for the office of Delegate. Dr. Velasco accepted the nomination. The meeting was adjourned.

Next on the agenda was discussion regarding "***Defending MICRA: Protect Access and Contain Health Care Costs.***" Special guests Richard Thorp, MD, President of CMA, and Molly Weedn, Associate Vice President of Public Affairs of the CMA, exposed the appalling campaign strategies of the proponents of Prop 46. Dr. Liz Kalve reported on the injurious affects Prop 46 would have on family medicine. During the Q & A, concerns were expressed as to how to approach the topic with patients. A good response to those concerns was that because of this meeting, each doctor would be better prepared to respond when their patients asked them about Prop 46.

**VOTE NO  46**