CSAM NEWS

Newsletter of the California Society of Addiction Medicine / Winter 1996/7 Vol. 23, No. 3

INSIDE

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NEWS is published three times a year by the California Society of Addiction Medicine, a nonprofit professional organization in the state of California with offices at 3803 Broadway, Oakland, CA 94611; (510) 428-9091. FAX: (510) 653-7052. Compuserve: 72570,3061

The California Society is a specialty society of physicians founded in 1973. Since 1989, it has been a State Chapter of the American Society of Addiction Medicine.

The Enemies of Physicians

by George Lundberg, MD

Editors' note: Doctor Lundberg delivered the keynote address of a daylong conference titled, "Serving Two Masters: Ethical Dilemmas Facing Addiction Medicine Physicians in the Era of Managed Care," that preceeded the 1996 Review Course at the Biltmore Hotel in November. The theme of his remarks is reflected here in this brief overview. As part of his presentation, he praised two documents of the Medical Board of California, saying that California physicians should "take them up." Both statements appear in this issue.

George Lundberg, MD, Editor, JAMA

Addiction medicine is an important but relatively small piece of medicine, but its tentacles reach into all aspects of patient care — from life-threatening episodes to serious acute and chronic medical conditions.

Addiction Medicine Physicians face the same barriers to getting care for their patients as any physician does today — and worse. Treatment for addiction is harder to find. Matching treatment to the patient's needs is harder to do.

Who and what stands between the patient, and the patient's needs, and the machinery of today's health care delivery system? Often only one person — the patient's physician. In between, but by definition on the side of the patient. That's been the definition of the role of the physician for four thousand years. Some things don't change. As I see it, as physicians, we have two options: be on the patient's side or retire.

Those who heard it can never forget Douglas MacArthur's farewell address to the corps of cadets at the United States Military Academy in 1962. As he came near the close, General MacArthur said, "My last conscious thoughts will be of the Corps and of the Corps and of the Corps." And so must the dedicated physician's every thought be of the patient and of the patient and of the patient. That must never change.

Let us remember that the enemies of physicians and other health care workers in 1996 are not the profit-making companies, not the politicians, not the bureaucrats, not the insurance industry, not the hospital administrators, not other physicians — no, not even the attorneys. The enemies of physicians are, and always will be, premature death, pain, disease, disability, human suffering. All the rest of this is merely noise and impedance. ☐

"Do not go gentle into that good night; rage, rage."

"The Medical Board of California's statement of concern
and its policy statement on the physician-patient relationship
are excellent documents. They are ready to be taken up.
We, as licensed physicians in California, should honor them and use them.
There is huge power in those statements."
— George Lundberg

Medical Board of California
Quality of Care In A Managed Care Environment: Statement of Concern

Reprinted, with permission, from Action Report, Vol. 57, April 1996

The Medical Board of California, having convened a committee with the charge to examine the quality of care in a managed care environment, has heard a quantity of testimony from consumers, health providers, regulators, professional organizations, and representatives of managed care plans. In the course of reviewing that testimony, a number of issues and concerns have emerged with frequency. Specifically, those issues include a number which suggest that the business model of managed care, as it is implemented by some plans, may result in an inappropriate restriction of the physician's ability to practice quality medicine, and, in turn, create negative consequences for the consumer of health-care services. The number and seriousness of the cases cited during this testimony have caused the Medical Board of California to consider the serious consequences which grow out of the imposition of a corporate model in the arena of medical practice.

This effort to assure that California's physicians are delivering quality care is being thwarted as more and more medical decisions are effectively taken out of the hands of physicians and are, instead, determined by plan administrators.

The Medical Board of California recognized that dramatic changes are taking place in the way that health care is delivered as the use of managed care plans increases. These changes are, as expected, yielding positive results in the provision of coverage to expanded populations. Unfortunately, the rapid expansion of the managed care model is also redefining the delivery of health care in ways that cause grave concern to patients, providers and the Medical Board of California. Specifically, the restriction of medically necessary services, whether as a result of legitimate efforts to restrict the overuse of medical-care services, or for the less acceptable reasons of cost control, is becoming alarmingly frequent. Managed care plans, controlled as they are by corporate entities, all too often determine the delivery of care using a corporate business model rather than a medical model. This can result in the denial or delay of critically necessary medical services, the restriction of the provider's ability to freely practice and the placement of the provider in a position of attempting to be both a healer and a corporate gatekeeper. This serves to place an inappropriate burden on the physician whose first responsibility must always be the delivery of quality medical care to the patient.

The Medical Board of California finds and declares that there are real dangers which are imminent if there is not some immediate correction to the direction in which the system is headed.

The Medical Board of California has the mission to "protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act." It has attempted to meet this mission by assuring that physicians are qualified by education and training to practice medicine and investigating those cases where substandard care has been alleged. This effort to assure that California's physicians are delivering quality care is being thwarted as more and more medical decisions are effectively taken out of the hands of physicians and are, instead, determined by plan administrators. The Medical Board of California recognized that the movement to a predominately managed care environment will create changes in the current system of health-care delivery as a

result of new market forces being exerted. While it hopes that these forces will self-correct as the free market model becomes more mature in this industry, the Medical Board cannot overlook those situations which give rise to environments which create risks for the health-care consumer.

> The Medical Board believes there must be compensation for necessary services and deference to the provider's medical judgment if physicians are to meet their legal, ethical and moral responsibilities to deliver appropriate health care to the public.

The Medical Board of California finds and declares that there are real dangers which are imminent if there is not some immediate correction to the direction in which the system is headed. Specifically, the Medical Board believes there must be adequate time allowed for the provider to treat patients, adequate compensation for necessary services and deference to the provider's medical judgment if physicians are to meet their legal, ethical and moral responsibilities to deliver appropriate health care to the public. On behalf of California's medical-care consumers, the Board emphasizes its expectation that physicians are responsible for the provision of quality medical care. It further expresses the concern that the achievement of this objective is being jeopardized by decisions which are being made out of context of the doctor/patient relationship and in a manner which is not always in the patient's interest. It is incumbent that providers take those actions they consider necessary to assure that the practices in question do not adversely affect the care which they render to their patients.

In furtherance of these concerns, it is the position of the Medical Board of California that decision-making authority over the determination of medical necessity or appropriateness of a proposed treatment is the practice of medicine and requires a license to practice medicine in California. This is without regard to where the person is located. Additionally, the Board extends this standard to include medical directors of health care service plans, other health care delivery organizations, insurers and other organizations with authority to determine the medical necessity or appropriateness of any treatment. The Board also believes that the denial of any requested treatment for a condition which may be life-threatening or may result in persistent disability or illness should be timely and in writing, and should contain the reason or reasons for the denial. Finally, the Medical Board of California commits to maintaining the oversight of the emerging managed care environment and to proposing statutory and regulatory action which furthers the goal of providing quality medical care to California consumers.

It is very important that others who are interested in, and have the responsibility for, quality in the managed care environment, most notably the California Departments of Corporations and Health Services, join the Medical Board in this important endeavor. □

Class-Action Suit Against Managed Care Companies

A class-action suit on behalf of all physicians, psychologists and social workers in the US has been filed in New York against large mental health carve-out organizations. The suit charges antitrust violations carried out via tactics such as price fixing and imposing financial incentives to providers to induce them to deny care. The suit was filed in US District Court for the Southern District of New York against nine companies, including MCC Behavioral Care, Value Behavioral Health, Foundation Health PsychCare Services.

According to a report in the newspaper of the American Psychiatric Association, *Psychiatric News*, February 7, 1997, the APA and several of its District Branches are considering joining the suit. □

Medical Directors of Managed Care Companies

The California Medical Association is sponsoring legislation to require that medical directors who are responsible for patients treated in California have California medical licenses. Senator Tim Leslie (R) from Carmelian Bay in Placer County introduced the bill at the end of February. For more information contact the CSAM office. □

HOLD THE DATE!

California Society of Addiction Medicine

Addiction Medicine: 1997 State of the Art

November 6-8
Radisson Miyako Hotel, San Francisco

The Physician-Patient Relationship: A Policy Statement of the Medical Board of California

A California physician has both medical-legal and ethical obligations to his or her patients. These are well established in both law and professional tradition. The following statement reflects the policy of the Medical Board of California regarding the physicians it licenses and their patients.

1. Without regard to whether an act or failure to act is entirely determined by a physician, or is the result of a contractual or other relationship with a health-care entity, the relationship between a physician and a patient must be based on trust, and must be considered inviolable. Included among the elements of such a relationship of trust are

    - Open and honest communication between the physician and patient, including disclosure of all information necessary for the patient to be an informed participant in his or her care.
    - Commitment of the physician to be an advocate for the patient and for what is best for the patient, without regard to the physician's personal interests.
    - Provision by the physician of that care which is necessary and appropriate for the condition of the patient, and neither more nor less.
    - Avoidance of any conflict of interest or inappropriate relationships outside of the therapeutic relationship.
    - Respect for, and careful guardianship of, any intimate details of the patient's life which may be shared with the physician.
    - Respect for the autonomy of the patient.
    - Respect for the privacy and dignity of the patient.
    - Compassion for the patient and his or her family.

2. The relationship between a physician and a patient is fundamental, and is not to be constrained or adversely affected by any considerations other than what is best for that patient. The existence of other considerations, including financial or contractual concerns are and must be secondary to the fundamental relationship.

3. Any act or failure to act by a physician that violates the trust upon which the relationship is based jeopardizes the relationship, and may place the physician at risk of being found in violation of the Medical Practice Act.

4. The policies expressed herein apply to all physicians in California, as well as those who make decisions which affect California consumers, including health plan medical directors and other physicians employed by or contracting with such plans.

Reprinted, with permission, from Action Report, Vol. 57, April 1996

A Managed Care Denial

Action Report, the newsletter of the Medical Board of California, continues to report on matters related to managed care. The January 1997 issue (Vol. 60) contains an article, "Helping Your Patient Navigate A Managed Care Denial," which cites facts to know and resources to contact. For example, it gives the toll-free patient assistance line of the Department of Corporations (1-800-400-0815), the agency which regulates health care services plans. □

Training About Alcohol and Substance Abuse for All Primary Care Physicians

Editors' Note: In their responses to surveys, many CSAM members say they want the Society to focus on "getting other doctors to know and understand alcoholism and addiction.." Since this is a frequent theme, we thought the members would be interested in this report. This article is quoted from the preface to the proceedings of a conference planned and chaired by David C. Lewis, MD, from the Brown University School of Medicine. The preface was written by Thomas W. Meikle Jr, MD, of the Josiah Macy Jr. Foundation in New York. A copy of the proceedings (290 pages) is available from the Foundation, 44 East 64th Street, New York, NY 10021.

Physicians regularly miss the diagnosis of underlying substance abuse in patients because their training has not demanded that they develop the requisite attitudes, knowledge, and clinical skills. These deficiencies in the education of physicians are compounded by social and professional stigmas linked to substance-abusing patients, inadequate reimbursements provided to physicians for the care of these patients, and the lingering belief that substance abuse is not an intermittent, relapsing chronic disease, but rather reflects a flaw in personal character.

> The instructional units in substance abuse and addiction tend to be isolated, single events – often with no correlation to other clinical experiences.

Despite the educational system's failure to adequately train physicians to recognize and treat substance abuse, some advances in medical education in this subject have occurred during the past 20 years, in part as a result of a 1972 conference, "Medical Education and Drug Abuse," sponsored jointly by the Macy Foundation and Rockefeller University. A recent study indicates that 93 percent of U.S. medical schools and more than one-half of the nation's residency training programs in the primary care specialties now have some formal instruction about substance abuse and addiction. Unfortunately, these instructional units tend to be isolated, single events in the curriculum. They often have no correlation with other clinical experiences, and are not continually reinforced as the students' education progresses.

Current changes occurring in the health care system are accentuating the need for better diagnosis and treatment of substance abusers and addicts, and will further emphasize the deficiencies in the education and training of physicians, especially in the primary care disciplines. Health insurers and provider organizations, such as health maintenance organizations, increasingly demand that physicians be competent to diagnose and treat these patients.

To examine this serious deficiency in medical education, in 1992 the Josiah Macy Jr. Foundation appointed an advisory committee of medical educators and experts in addiction medicine, chaired by David C. Lewis, MD, to explore possible strategies for enhancing the education of physicians about substance abuse and addiction. The committee met several times during 1993 and recommended that the Foundation convene a conference that would focus on the need to strengthen residency training in the primary care specialties of Family Practice, Internal Medicine, Pediatrics, and Obstetrics/Gynecology. The conference would initiate discussions with the residency review committees (RRCs) and the certifying boards in these specialties with the goals of expanding their requirements for training in substance abuse and addiction, and increasing the emphasis on this subject in their evaluations and examinations.

The two-and-one-half-day conference was organized around four main issues, each of which was the focus of a half-day session: (1) the need to treat substance abusers and addicts, (2) the outcomes of treatment, (3) the competencies that physicians require in order to treat these patients appropriately, and (4) the training physicians must have in order to acquire these competencies.

The 45 participants included state legislators, managers of employee assistance programs, federal health officials, experts in substance abuse, and representatives of the RRCs and certifying boards in the primary care specialties.

This monograph includes edited summaries of the presentations made during the conference and the discussions that followed them; the commissioned papers; the concluding consensus statement of the participants at the conference; a survey of participants that was conducted eight months after the conference; and a summary by the chairman of the conference.

> Current changes in the health care system will further emphasize the deficiencies in the education and training of physicians.

Although this project was designed to strengthen the training of primary care physicians in managing substance abusing patients, it will have been successful only if the quality of health care provided these patients is significantly improved. □

The California Society of Addiction Medicine
presents the

Vernelle Fox Award
to

James W. West, MD

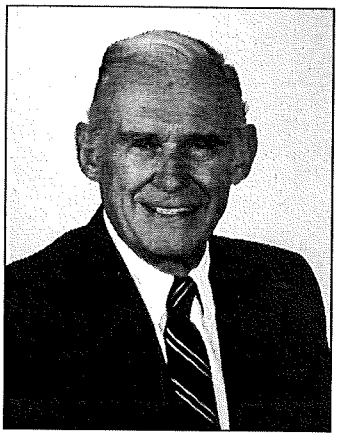
in recognition of his dedication
to the treatment of men and women
with alcoholism and other addictions,

in appreciation of his ongoing leadership
and pioneering spirit in the education
of physicians about chemical dependency, and

in honor of his continuing involvement
in successful treatment
at the Betty Ford Center
and at Haymarket House in Chicago.

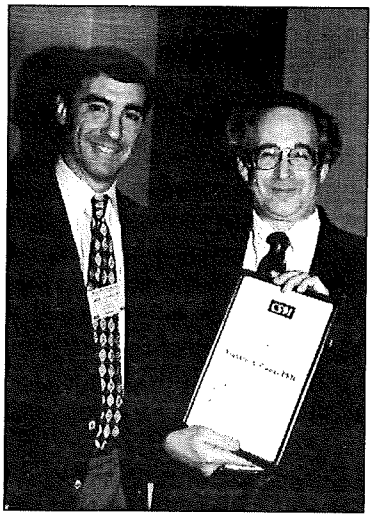
Presented on this 8th day of November, 1996, in Los Angeles

Jim West's leadership and contributions, in Illinois and in California, include establishing and championing programs for physicians who suffer from alcoholism or other drug dependence. He played a central role in the creation of the Illinois State Program for Impaired Physicians and brought that experience and commitment to California where he took a role with the Betty Ford Center in Rancho Mirage and continues to serve as the Director of Outpatient Services.



In accepting his award Doctor West said, "I love the elegance of the brain's addiction neurology, almost daily revealing itself to new kinds of exotic imagery. It is possible that one day treatment may consist only of the pharmacological. The addict will stop using — but the recovery will have lost its soul. I hope that a force beyond the gaze of PET scans or SPECT will infuse the mechanics of brain science to make the addict a whole person. This force, whether recognized as such or not, is the essential spirituality of man. Treatment should introduce him, or reintroduce him, to this." □

Stanton Glantz is a professor of medicine at UCSF, associated with the Cardiovascular Research Institute. He is a founding member of Californians for Non-smokers' Rights and the earlier Groups Against Smoking Pollution (GASPs). For over twenty years he has been a central, visible leader in the efforts to shine light on the activities of the tobacco industry. In 1996 he published *The Cigarette Papers* — secret internal documents from a major tobacco company — which accelerated the movement toward greater controls over tobacco use.



Stanton Glantz (right) with CSAM President William Brostoff

The California Society of Addiction Medicine
presents its

Community Service Award
to
Stanton Glantz, PhD

in appreciation for his contributions
to the public health and awareness, and
in tribute to his determination and endurance.

His long, creative and productive career
is marked by a demand for public accountability
and a no-nonsence activism from
which we all benefit.

With this presentation
we acknowledge our debt to him.

Presented November 7, 1996 — Biltmore Hotel, Los Angeles

NEWS ABOUT MEMBERS

Judith Bjorndal is serving as the Associate Medical Director at Springbrook Northwest in Newberg, Oregon. She also continues in her role as Medical Director at Women's Recovery Services, a residential program in Santa Rosa.

Max Schneider is the Chair of the FDA Drug Abuse Advisory Committee.

David Cohn is Medical Director of the 2-year-old dual diagnosis program within the Department of Psychiatry at Alta Bates Hospital in Berkeley. He reports that 1,500 patients have gone through the program in two years.

Ed Kaufman is now the Medical Director of the Genesis Drug and Alcohol Treatment Program at South Coast Hosptial in South Laguna Beach. He continues his private practice of psychiatry in Dana Point. He has left his position as Medical Director of the Chemical Dependency Services of Capistrano by the Sea Hosptial.

Joe Galletta is now the Chair of the Riverside County Medical Association Committee on Physicians' Well-being, replacing **John Lanier** who recently retired form that Committee. Doctor Galletta is full time in private practice of Addiction Medicine and Family Practice; he has resigned his position as Medical Director of Recovery Services at the Loma Linda University Behavioral Medicine Center.

Michael Glasser is now the Medical Director of MCC Behavioral Health Care of California , Inc. at the Glendale Administrative Office. □

FELLOWS OF ASAM

Among the 130 ASAM members made Fellows of the American Society of Addiction Medicine are these CSAM members:

Jess W. Bromley, MD, FASAM
William S. Brostoff, MD, FACP, FASAM
Steven J. Eickelberg, MD, FASAM
Robert D. MacFarlane, MD, FASAM
Melvin I. Pohl, MD, FASAM
Anthony B. Radcliffe, MD, FASAM
Max A. Schneider, MD, CADC, FASAM
David E. Smith, MD, MS, FASAM
G. Douglas Talbott, MD, FASAM
James W. West, MD, FASAM

You Can Write For:

Managing Managed Care: Quality Improvement in Behavioral Health

You can write for the report of the Institute of Medicine Committee on Quality Assurance and Accreditation. Guidelines for Managed Behavioral Health Care will be published by the National Academy Press in April. A summary is available from the IOM Division of Neuroscience and Behavioral Health, 2101 Constitution Avenue, NW, Washington, DC 20418.

The complete volume is available for sale from the National Academy Press, Box 285, at the same address. Visit the National Academy Press on-line bookstore at http://www.nap.edu.

Confidentiality

Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance (PHD722) is available from the National Center for Alcohol and Drug Information (NCADI), 800-729-6686, or order through e-mail from info@health.org.

CONTINUING MEDICAL EDUCATION

ASAM's 28th Annual Medical-Scientific Conference

April 17-20, 1997
Marriott Hotel, San Diego, CA
Sponsored by the American Society of Addiction Medicine
Credit: Up to 27.5 hours of Category 1 credit
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone 301/656-3920; Fax 301/656-3815.

9th Annual Physicians' Well-being Committee Conference

Wednesday, May 14, 1997
Founders Center, Parkside Community Hospital, Riverside, CA
Sponsored by Riverside County Medical Association and CSAM
Speakers include John Chappel, MD; Kimberley Davenport, JD; Michael Parr, MD; Max Schneider, MD
Fees: $300 per hospital team
For information: Nancy Barker at Riverside County Medical Association, 3993 Jurupa Ave, Riverside 92506. 909/686-3342.

59th Annual Scientific Meeting

College on Problems of Drug Dependence

June 14-19, 1997
Opryland Hotel, Nashville, TN
Symposia include: The effect of prenatal cocaine exposure on CMS development; the immune system: its neurobiology and relation to drugs of abuse; PTSD and substance abuse; interactions between cocaine, monoaminergic systems and sensory circuits: is there a link to cue reactivity and drug craving?
Credit: The number of hours of Category 1 credit is determined when the final program is set.
Fees: Before April 14, $345 for CPDD members and $395 for nonmembers
For information: write to Martin Adler, PhD, CPDD, Department of Pharmacology, Temple University School of Medicine, 3420 North Broad Street, Philadelphia, PA 19140-5104

ASAM MRO Courses

The Basics of Being a Medical Review Officer – Friday morning, 8:00 am to 11:45 am

The Latest on the Science, Rules and Art of Drug Testing and Assessment – Friday 1 pm to Sunday, noon

July 18-20, 1997, in Washington, DC; November 14-16, 1997, in Seattle, WA
Sponsored by the American Society of Addiction Medicine
Credit: Up to 19 hours of Category 1 credit
Fees: For "The Basics," $75 for ASAM members, $100 for nonmembers. For "The Latest," $500 for ASAM members, $550 for nonmembers.
For information: ASAM, 4601 North Park Drive, Suite 101, Chevy Chase, MD 20815. Phone 301/656-3920; Fax 301/656-3815.
MRO Certification: The Medical Review Officer Certification Council (MROCC) will offer the MROCC Certification Examination immediately following each ASAM course. A separate application must be requested from MROCC, 55 West Seegers Road, Arlington Heights, IL 60005. Phone 708/228-7476.

International Doctors in Alcoholics Anonymous

48th Annual IDAA Meeting

August 6-10, 1997
Hilton Hotel, Minneapolis, MN
For information: IDAA, P. O. Box 199, Augusta, MO 63332. Phone 314/482-4548. E-mail IDAAdickMc@aol.com