



The Year's Tally

PRESIDENT'S MESSAGE



We had many achievements, and some failures.

By Satya N. Chatterjee, MD

*It was the best of times
It was the worst of times
It was the age of wisdom*

*It was the age of foolishness
- A Tale of Two Cities, Charles Dickens*

WELL! I CAN HARDLY BELIEVE IT. The year is almost over. I don't know about any of you, but I had a very good time this year. I had great pleasure in just talking to innumerable physicians. I became educated as to how broad the spectrum is of physicians' opinions, whether about single payer, the abuse by the HMOs, the role of organized medicine, the administrator-medical staff relationship, profit or not-for-profit or sham peer review. The problems are perceived differently by different physicians.

It should be that way. After all, we would not have attended medical school if we were not independent and intellectually superior!

I offer my apologies to anyone who might have been offended by any one of my last five messages in *SSV Medicine*. Any offense was unintentional. My messages were purely my individual opinions and not necessarily those of the Board of Directors. (I can hear Frank Sinatra singing "I did it my way.")

All of my topics were purposefully controversial. I did not dwell on such subjects as the self-serving interest of augmenting physicians' income or reimbursement problems. I wrote on controversial topics which were due, and in some instances overdue, to be brought into the open for discussion. Without a dialogue from both sides of the issues, nothing is ever achieved and issues will remain unresolved. I worked very hard for the past year attending multiple committee meetings, and attending each and every board meeting and each executive committee meeting. It was enjoyable, and I invite all of you to savor this unique experience.

Achievements

I take no personal credit and, if anything, my efforts might have put only one brick on a building. We all know very well that anything worth mentioning here takes more than a year to bring to fruition. One can only start the ball rolling and then expect others will dribble or pass or shoot or head to score a goal (soccer language). There are many fronts that ripen like that.

1. Medical leadership on Language Access Council entrusted me on the ad hoc committee to broaden the scope to help our patients with limited English proficiency. Our recommendations were accepted and will be formally acted upon on in November 2005. I particularly stressed cultural competency on the part of the physicians.

2. Collaboration with BloodSource is at an all-time high. I think we are on solid ground, and the result will be mutually beneficial to the hospitals and the community in

general.

3. As you all know, sales of clean needles and syringes without a prescription was not authorized by Sacramento County's Board of Supervisors. At least the efforts of the medical, dental and pharmacists' organizations were exemplary. Dr. Trochet's effort is to be lauded as she spearheaded the effort to get this kind of broad coalition.

4. We were successful in exposing the HMOs' dishonesty. Companies such as AETNA, CIGNA, HEALTHNET, etc., paid millions of dollars to settle doctors' complaints. Dr. Dennis Breen and I were instrumental to the success of the class action suit. We spent hundreds of hours with charts, with attorneys, including stalwarts such as Mr. Archie Lamb, to look for a few cases that were foolproof. As a solo practicing physician, I received a small settlement, \$72, but large groups were awarded substantial sums based on the number of physicians in the group. The Permanente Medical Group received \$776,372, Sutter Medical Foundation received \$46,519, Emergency Physicians Medical group received \$40,870.44, The Mercy Medical Group received \$21,432.06, and Central Anesthesia Service Exchange received \$19,438.38 - all from the Cigna settlement alone. Quite a tidy sum from the individual efforts of two solo practitioners.

5. An important achievement was made in membership. The CMA had a total membership of 21,689 as of September 30. Our medical Society had 1,446 members on the same date, up from 1,349 the year before - an increase of 97 members or 7 percent. Unfortunately, not all of the medical societies in the state experienced growth in membership. Almost all of our new members are from large groups. My sincere thanks go in particular to The Mercy Medical Group, The Permanente Medical Groups, The Sutter Medical Group and The UCD Medical Group for increasing their membership this past year.

6. Our other achievements in 2005 are through the CMA, which is part of the membership benefit. They are as follows:

AB1711 allows nurses and pharmacists to deliver immunizations on "standing order." Currently, physicians must write orders for each patient. This bill has been signed into law.

AB1735, sponsored by CMA, would block implementation of Medi-Cal cuts. This bill is on the Governor's desk.

SB367 would allow physicians to file complaints with the DOI and allow them to take enforcement actions against insurance companies. This bill is also on the Governor's desk.

SB634 would require disclosures of the fee schedule and payment rules an insurer uses to pay contracted providers, and prohibits unreasonable claim deadlines. This bill is on Governor's desk.

Many others bills are in Senate and Assembly Committees.

The last subject I want to discuss is integrity in medicine. Medical practice was first regulated in the United States in 1736 when the Virginia Assembly regulated the fees of physicians. Medical licensure based on examination was first adopted by New York in 1760, followed by New Jersey in 1762 and then Connecticut in 1773.

The first medical society was established in Boston in 1736, followed by New York City in 1749. The first medical school opened in the University of Pennsylvania in 1765. Medical education developed in the likeness of the Medical School of Edinburgh, Scotland. (I was fortunate to have trained in Edinburgh from 1969-1973).

Physicians were not uniformly honest and had low status, low earnings and little power. Only in the 20th century did medical societies and the AMA come into prominence and gain wide public support and significant political power. This was achieved by

incorporating honesty, integrity and ethics into medical practice. Any erosion in these qualities also erodes a physician's high standing in the community.

Our mission is to take care of sick people. Self interest must coexist with altruism. I am observing an erosion in honesty and integrity and an increase in greed for fame, money and power. Although the vast majority of us practice with high ethical standards, I often read in consumer reports of physicians inflating bills submitted to insurance companies ("if they pay for it, it must be legal" - a false logic), exciting patients to see a competitive colleague for medical malpractice, operating on patients with borderline indications, or having substance abuse and inappropriate relationships with patients. No matter how small the number of these physicians, ideally there should be none. Let us strive for that goal and make financial gain a less significant factor.

Happy Holidays!

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