Atul Gawande & Honoring Choices Virginia

As RAM begins Honoring Choices Virginia - a partnership with HCA Virginia, Bon Secours Richmond and VCU Health System - this recent column by Dr. Atul Gawande strikes some of the major chords of our innovative push to respect every patient's treatment choices.

Writing in the New York Times about a friend's "leukemia-like malignancy" caused by a treatment for a rare form of pelvic cancer, Gawande - author, surgeon and Harvard professor, who once spoke at RAM - reflects on such difficult issues for patients, families and practitioners alike:
"Her condition was incurable by established means. So should she press the doctors for other treatments, experimental therapies, anything with even a remote chance of keeping her going, no matter what?"

In his own surgical practice, he admits struggling with "caring for patients with problems I often could not fix," including his own father.

But for the past three years Guwande has been busy trying to find answers to these pressing problems, interviewing more than 200 people about their experiences with aging or serious illness, or dealing with a family member's problems.

Click here for his findings, which parallel much of Honoring Choices Virginia's efforts to - in his words - "enable health professionals to take sufficient time to have such discussions and tune care accordingly."

PBS' NewsHour recently aired this report on a related topic: "When to Let Go: Patients of families on life support face painful choice."

Sunshine Act Redux

Many of you were interested in this article last week that showed drug makers are still shelling out billions of dollars a year to doctors.

"Drug and medical-device companies paid at least $3.5 billion to U.S. physicians during the final five months of last year, according to the most comprehensive accounting so far of the financial ties that some critics say have compromised medical care."

The figure comes from the Sunshine Act, a transparency initiative that was part of the 2010 Affordable Care Act. It requires drug and medical device makers to disclose the payments they make to physicians and teaching hospitals each year for services such as consulting or research.

CMS posted the database, though the agency said that about 40 percent of the payment information won't identify the
Why Ebola Spread

The Washington Post took this hard look last Sunday at how the world's health organizations failed to stop the spread of Ebola in West Africa.

"The virus easily outran the plodding response," the Post reports. The World Health Organization - an arm of the United Nations - is supposed to coordinate international action in a crisis like this.

"But it has suffered budget cuts, has lost many of its brightest minds and was slow to sound a global alarm on Ebola. Not until Aug. 8, 4 ½ months into the epidemic, did the organization declare a global emergency. Its Africa office, which oversees the region, initially did not welcome a robust role by the CDC in the response to the outbreak."

And West Africa "was ill-equipped for an Ebola disaster, because civil war and chronic poverty had undermined local health systems and there were few doctors and nurses." Plus, "health workers in the region had never experienced an Ebola outbreak and didn't know what they were seeing in those first critical months. In the spring the outbreak seemed to fade, making the officials overconfident. And then the virus made the leap from rural villages to crowded cities."

The report preceded today's news that the first Ebola patient diagnosed in the U.S. died this morning in a Dallas hospital.

Thomas Eric Duncan was pronounced dead at 7:51 a.m. at Texas Health Presbyterian Hospital, where he was admitted Sept. 28 and was kept in isolation, reports the Times-Dispatch.

Virginia hospitals "have kicked infection control into maximum gear," reports the Times-Dispatch "preparing for the unlikely event that a patient with the Ebola virus will show up in their emergency departments."

The TD reviews preparations at Bon Secours St. Mary's Hospital, VCU Medical Center and HCA Virginia hospitals.

"I feel that we're quite well-prepared in the rare circumstance, quite honestly, that a patient should come in" with Ebola, said Dr. Michael Menen, chief medical
officer for HCA's Chippenham and Johnston-Willis hospitals. Dr. Menen is a RAM member.

World health experts at a conference this week in Charlottesville discussed the flaws in the response to the Ebola outbreak.

President Obama promised more rigorous screening without saying how that would work, reports Bloomberg News.

One federal infectious disease specialist told CNN "that U.S. airport screening may include taking temperatures of passengers and asking them about exposure to people Ebola - methods now used at departure in some West African airports."

The goal is "an extra layer of entry screening," said Anthony Fauci, director of the National Institute of Allergy & Infectious Diseases.

Mayor Says Hospital Proposal Separate from Stadium Plan; Goodwin Reacts

Like the tractor beam of a Klingon warship, the seemingly endless studies, talk, and political backstabbing over a new baseball stadium appears to have drawn in something that seemed to come from a more peaceful place: a new freestanding Children's Hospital.

Richmond Mayor Dwight Jones told the Times-Dispatch that "a decision about a children's hospital location will be made independent of other issues, including the ballpark."

He made the statement after Style Weekly reported last week that the children's hospital could be built on a 60-acre Boulevard site near The Diamond that the city has targeted for revitalization.

Jones' statement also follows comments from the hospital's chief benefactor (to the tune of $150 million) businessman William H. Goodwin who "strongly opposed any link between" the two ballpark plans (Boulevard vs. Shockoe Bottom) and the hospital.

"In no way do my wife
and I want the children's hospital to get into the controversy or decision relative to the ballpark," Goodwin told the TD.

The support of Bill and Alice Goodwin is "considered critical for the hospital project to move forward; their contributions would cover a significant portion of the cost," according to the report.

Questions of size, location and - yes - politics are now flying like space debris around the nascent new Children's Hospital, which has been backed by Bon Secours Virginia Health System and VCU Health System.

There was no comment to the TD from Katherine Busser, who's leading the physician's coalition that has spearheaded the new hospital effort for the past two years: Pediatricians Associated to Care for Kids, or PACKids.

Boy's Death Raises Concerns about Enterovirus

When four-year-old Eli Waller came home from school in Hamilton Township, N.J., on Sept. 24, his parents were "worried that he might have pink eye and could infect other children," reports The New York Times. "He seemed healthy [but] by morning he was dead."

More than a week later, the CDC confirmed that Eli was infected with enterovirus 68, which has been diagnosed in hundreds of children since August - including some in the Richmond area.

But Eli's death was "the first reported fatality definitively caused by enterovirus 68 and "has stirred fears among parents, despite the reassurances of public health and education officials."

Part of the anxiety is tied to the virus' symptoms, "which resemble those of a common cold," reports the Times. "Also fueling concerns is that there is little that can be done to treat the virus and medical experts are still working to
understand it."

In a related article, the Times reports that "driven by a handful of reports of polio-like symptoms in children, federal health officials have asked the nation's physicians to report cases of children with limb weakness or paralysis with specific spinal-cord abnormalities on a magnetic resonance imaging test."

Officials are trying to figure out if the limb weakness could be linked to the spread of enterovirus 68. However, one CDC official cautioned, "It's one possibility we are looking at, but certainly not the only possibility."

Of particular concern was a cluster of young patients at **Children's Hospital Colorado** suffering from acute neurological illness, "characterized by muscle weakness and partial paralysis," reports the Times.

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**A Chorus of Voices for Children's Health Insurance**

**James M. Perrin, MD, president of the American Academy of Pediatrics,** wrote the New York Times advocating the four-year extension of the Children's Health Insurance Program, or CHIP.

"CHIP works so well for children because it's intended for children," he writes. "Unlike many private insurance plans, which are based on the needs of adults, CHIP offers benefits that are age-appropriate, including dental coverage and access to mental health and substance abuse services, which aren't always covered by a family's employer-sponsored insurance."

It's vital, he wrote, "that Congress act in the lame-duck session to renew CHIP for four more years."

The letter was co-signed by the presidents of the **Children's Defense Fund, the Children's Hospital Association, the Children's Dental Health Project, First Focus and the March of Dimes.**

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**Court Declares Va.'s Congressional Map Unconstitutional**

A federal court in Richmond yesterday "declared Virginia's congressional maps unconstitutional because they
concentrate African American voters into a single district at the expense of their influence elsewhere," reports The Washington Post.

The decision handed down in the U.S. District Court for the Eastern District of Virginia orders the General Assembly to draw up new congressional maps by next April - "potentially launching a frenzied and highly political battle for survival within Virginia's congressional delegation."

The court order "delivered another victory for Democratic plaintiffs hoping to break up black-majority districts, which say they have been drawn by Republicans who have used the Voting Rights Act to dilute the influence of minority voters."

A similar case in Alabama, where the GOP prevailed earlier, will be heard soon by the U.S. Supreme Court.

Virginia could appeal the decision to the Supreme Court, but this seemed unlikely considering that Attorney General Mark Herring is a Democrat. The court's decision allows the current maps to stay in place for next month's election, and it focuses on the state's only black-majority district, the 3rd U.S. House District, which stretches from Richmond to Norfolk and has been represented since 1992 by Rep. Robert C. "Bobby" Scott, a Democrat.

He was elected shortly after a directive from the Justice Department created the majority-black district that winds its way across the state.

The district is expected to keep a black majority, but one that's not as high as its current percentage of more than 56 percent of the voting-age population.

If the decision is not appealed, "its impact could ripple across several districts in the state" - especially the 4th, represented by Rep. Randy Forbes, a Republican.

"Republican reaction to the reaction was muted," the Post reports, but "some members of the GOP conceded that the redrawn map would probably make at least one and possibly several heavily GOP districts competitive for Democrats."

Without an appeal, the General Assembly will address the process when it reconvenes in January. "There clearly would be at least a fourth district in Virginia where the Democrats would be more competitive than they are now," said political scientist Bob Holsworth.

For the healthcare community, this highly partisan issue will likely add to tensions over Medicaid expansion which
pushed the state to the brink of a government shutdown last summer.

**Ethics Reform, Anyone?**

Well, it *sounded* like a good idea when Gov. Terry McAuliffe chose two veteran lawmakers to co-chair a 10-person Commission to Ensure Integrity and Public Confidence in State Government, *reports* The Washington Post.

But then came the *news* that McAuliffe's chief of staff, *Paul Reagan*, fessed up that he made a call to a Southwest Virginia legislator that was aimed at keeping Democratic control of the state Senate.

Earlier, the Dems had accused Republicans of offering a judgeship to the daughter of *then-Sen. Phillip P. Puckett* in a bid to keep the Democrat from resigning. It was all tied to McAuliffe's plan to expand Medicaid - and now it's blown up in his face as the governor tries to take the high road on ethics reform.

Earlier, McAuliffe announced his ethics commission would be co-chaired by *Bill Bolling*, a former Republican lieutenant governor, and *Rick Boucher*, a Democrat who represented southwestern Virginia in Congress for nearly three decades.

Bolling and Boucher said they plan to recommend a package of ethics reforms by *late December*, before the 2015 General Assembly session.

While McAuliffe sought to put a bipartisan stamp on the commission, his initiative "got a cool reception" among Republican leaders.

**National Kidney Forum at UNOS**

The *National Kidney Foundation* invites RAM members to a forum for *primary care physicians, nurse practitioners and physician assistants* on "CKD-Earlier Detection, Prevention and Treatment."

The free event - which includes complementary cocktails and hors d'oeuvres - will be *Wednesday, Oct. 22 from 6 p.m. to 8 p.m.* at the United Network of Organ Sharing (UNOS) at 700 N. 4th Street in downtown Richmond.

It will feature *Dr. Todd W.B. Gehr, chair of the Division of Nephrology at VCU Medical Center*, with a question & answer session following his remarks.
Abortion Regs Redo?

State Health Commissioner Dr. Marissa Levine wants to amend current regulations governing Virginia's 18 licensed abortion clinics, reports the Times-Dispatch.

In a letter to Gov. Terry McAuliffe, she suggests amending "the requirements for Facility Design and Construction" - which had compelled pre-existing clinics to comply with the building requirements for new hospitals.

This is a "costly requirement that many providers contend is aimed at putting them out of business," reports the TD.

Levine's decision "sets in motion a process by which a changing Board of Health, which includes recent appointments by McAuliffe, could revisit the rules that were pushed by anti-abortion Republicans who controlled the executive branch and played an active role in the board's decision making on the issue," the TD reports.

Want to Run for RAM Board?

The RAM Board of Trustees serves staggered two-year terms. Each year, approximately one-half of our board complete their terms in office. At the end of 2014, our secretary and four trustees' terms expire. They are eligible to stand for re-election for another two-year term.

The RAM Governance Committee presented the following proposed slate of officers and trustees at last night's General Meeting. Please visit our Web page to learn more about each nominee:

Secretary: Dr. Sidney R. Jones III
Trustee: Dr. Joseph W. Boatwright III
Trustee: Dr. John F. Butterworth IV
Trustee: Dr. Aaron S. Rosenberg
Trustee: Dr. Kinloch Nelson
Please remember: This is an OPEN SLATE. RAM members may add additional nominees from September 17 to October 17. To nominate an individual or to self-nominate, please complete the online nomination form by clicking here or by contacting the Academy at 643-6631.

Cybersecurity Blanket

The Doctors Company offers this risk tip to protect patient records, avoid fines and safeguard your reputation.

"Cybercriminals target healthcare for two main reasons: healthcare organizations fail to upgrade their cybersecurity as quickly as other businesses, and criminals find personal patient information particularly valuable to exploit."

With requirements to report security breaches to federal authorizes, "The repercussion of security breaches can be daunting," and can include multi-million dollar fines!

VCU Presidential Symposium on Cancer
November 1

VCU Massey Cancer Center invites all area clinicians to the VCU Presidential Symposium on Cancer, Tackling Tough Cancers on November 1, 2014. Sponsored by the VCU Office of Continuing Medical Education, this event will bring together cancer care providers from across the state to engage in dialogue about how to care for patients with some of the most difficult-to-treat cancers.

The symposium will feature keynote addresses from David Ryan, MD, and Richard Stone, MD, both leading oncologists at the Dana-Farber Cancer Institute, as well as experts from VCU Massey Cancer Center. In addition to a morning session focused on solid tumors and an afternoon session on hematologic malignancies, participants will also have the opportunity during a catered lunch break to engage with Massey clinicians in small round-table discussions on a
variety of timely topics in cancer care.

Continuing education credits will be available for physicians and nurses interested in professional development. For more information including a detailed agenda, speaker bios and registration, please click here.

Wal-Mart Cuts Insurance for 30,000

Wal-Mart stores Inc. is cutting health insurance for another 30,000 part-time workers and raising premiums for its other workers, reports The Wall Street Journal, "as U.S. corporations push to contain costs in the wake of the new federal health-care law."

Since fall is the typical time for U.S. companies to make changes in employee insurance plans, "this is the first such enrollment period since employers could assess the full financial impact of the federal health-care overhaul, "and it is a key moment as companies work to lowering their spending ahead of looming taxes on the most generous plans," the Journal reports.

Other companies are starting to follow suit by paring back traditional plans in favor of high-deductible ones or reducing coverage for spouses, according to the report.

Among the factors of Obamacare driving cost concerns, says the Journal: "The coming tax on so-called Cadillac plans, which carry high premiums and offer rich benefits, and another is the individual mandate that requires most workers to obtain coverage of else face a penalty."

In a related article, the Associated Press reports on concerns "about a convoluted process for waivers from the law's tax penalty on people who remain uninsured."

The AP notes "consumers will have to dig up the documentation - it's not like filing the W-2s they get from employers." It includes medical bills, police reports, obituaries and utility shut-off notices, this report says.

For YOUR patients who need help with obtaining insurance or claiming tax exemptions, see the item below!

She'll Help Your Patients Get Insurance!

With open enrollment for the federal health insurance exchange starting November 15, would you like to help any uninsured patients learn how to sign up?
If so, call or email Amelia Goldsmith, a patient navigator with Enroll Virginia, at 804-200-6035 or Amelia@enroll-virginia.com.

Amelia meets with people by appointment and also provides basic guidance over the phone. She's also willing to visit medical practices and work with physicians, practice managers and nurses to provide guidance or education.

For the uninsured, she explains, "If you're above the federal poverty line, you need to know what your options are. You need to decide whether or not to enroll in a health plan at Healthcare.gov or, if you decide not to, you need to file an exemption to avoid the tax penalty."

Even if people choose not to enroll, it's important to submit an application to see if they're eligible. Amelia has been working with the Academy and its specialty care program,
Access Now, to encourage eligible people to enroll.

Even though the plans offered under the Affordable Care Act should be affordable, "For low-income patients, it can be scary to go from something that doesn't cost money to something that does."

Nine out of 10 people she helps find "a very affordable and inexpensive plan."

For example, "I met with a woman who made $15,000 a year and she had a zero dollar deductible and zero dollar premiums."

CMS Administrator Marilyn Tavenner told a congressional panel to expect "visible improvement, but not perfection" on HealthCare.gov this fall.

According to the first federal measure of the impact of the ACA, "the number of uninsured Americans fell by about 8 percent to 41 million people in the first quarter of this year, compared with 2013, a drop that represented about 3.8 million people," reports The New York Times.

GMU Preps Soldiers for Medicine

George Mason University is offering what the Prince William Times called "a new innovative partnership" that allows military enlisted men and women to prepare for careers as military doctors.

The "Enlisted to Medical Degree Preparatory Program" is a two-year course for "highly-qualified enlisted service members interested in careers as military doctors."

What's Behind Door No. 3?

If you need a good cocktail party topic - or perhaps the answer in a game of "Trivial Pursuit" - check out this recent piece in The New York Times about what it called "a once obscure field known as Bayesian statistics - a set of mathematical rules for using new data to continuously update beliefs or existing knowledge."

New uses of Bayesian statistics "are rippling through everything from physics to cancer research, ecology to psychology," the Times reports. "Enthusiasts say they are allowing scientists to solve problems that would have been considered impossible just 20 years ago."
The Bayesians have been busy debating questions about the reliability of various studies - including cancer research. Their techniques date back to 18th century England, "when a physician named John Arbuthnot set out to calculate the ratio of male to female births."

Flash forward to "the Monty Hall problem," of TV's "Let's Make a Deal!" What IS behind Door No. 3?

What's Happening?

Check your RAM calendar here.

Check out back issues of The Leg.Up.

Chip Jones
Communications/Marketing Director
cjones@ramdocs.org
804/622-8136
www.ramdocs.org