

NEWS BREAK

January 12, 2011

CMA and CAEPS File Lawsuit to Block New Glaucoma Treatment Standards

Training Standards Require No Actual Hands-on Treatment of Glaucoma Patients; Patient Safety at Risk

Sacramento and San Francisco - To ensure Californians afflicted with the eye disease glaucoma get appropriate medical treatment, the California Medical Association (CMA) and the California Academy of Eye Physicians and Surgeons (CAEPS) filed a lawsuit yesterday in San Francisco Superior Court to block the implementation of new standards to certify optometrists to treat glaucoma.

The regulations, which went into effect Jan. 8, provide a pathway by which optometrists can complete the entire certification process without having to treat a single patient with glaucoma. The prior process required the treatment of 50 glaucoma patients over two years under the supervision of a board certified ophthalmologist.

"Let's be clear: These new regulations are not up to snuff and in fact jeopardize the quality of eye care Californians deserve," said James Hinsdale, M.D., CMA president. "Failing to require certification that includes treating actual glaucoma patients is the equivalent of handing out driver's licenses to people who have read a driving manual and attended a class but have never driven a car."

Frank A. Scotti, M.D., CAEPS president, noted while the new process mandates that optometrists attend certain classes, it does not require them to have any experience treating patients using anti-glaucoma medications.

"Although we had hoped to be able to support the new standards, they simply do not adequately protect patients, but instead focus on streamlining the prior certification process. Not requiring any hands-on treatment of actual glaucoma patients is ridiculous on its face," Scotti said. "Glaucoma is a blinding disease and any certification process to treat it should respect that fact."

Widely reported incidents at the Palo Alto Veterans Affairs hospital highlight the potential consequences. Substandard care in that facility's Optometry Department apparently resulted in eight veterans with glaucoma going blind and many others suffering "progressive visual loss."¹

Two of these patients reached out-of-court legal settlements for \$250,000 and \$400,000.² CMA and CAEPS do not oppose optometrists treating glaucoma, but rather aim to ensure training is adequate so the quality of care is not compromised. Both organizations remain willing to consider certification standards that will sufficiently protect glaucoma patients.

[Download the complete petition and complaint](#) filed in the San Francisco Superior Court or contact MMCMS to have a hard copy sent to you.

The California Medical Association represents 35,000 physicians in all modes of practice and specialties. CMA is dedicated to the health of all patients in California.

The California Academy of Eye Physicians and Surgeons represents California's physicians and surgeons specializing in the eyes (ophthalmologists). CAEPS promotes accessible, affordable, quality total eye care for all Californians.

¹See, e.g., Bernstein-Wax, VA says glaucoma patients at Palo Alto facility suffered severe vision loss due to mistreatment, San Jose Mercury News, July 22, 2009, and Joseph, Brian, Another Stick in the Eye in Glaucoma Battle, Orange County Register, October 21, 2010, at <http://taxdollars.ocregister.com/2010/10/21/another-stick-in-the-eye-in-ophthalmology-battle/66512/>.

²See, Dremann, Sue, Two veterans settle for \$650K with Palo Alto VA, Palo Alto Online, November 12, 2010, at http://www.paloaltoonline.com/weekly/story.php?story_id=13898.

Proposed Budget Would Dramatically Cut Health and Human Services

Just days after taking office, Governor Jerry Brown issued his 2011-2012 budget proposal, including major cuts to health care, in an attempt to close the projected \$25.4 billion shortfall. The Governor's proposal would close the deficit through a mix of spending cuts, revenue increases, and other solutions (such as taking money from special funds). The spending cuts total \$12.5 billion, with \$1.7 billion slashed from the Medi-Cal program alone.

Of particular interest to physicians are proposals to:

Cut Medi-cal provider rates by 10% (\$720 million)

The budget proposes to reduce provider payments by 10 percent for physicians, pharmacy, clinics, medical transportation, home health, adult day health care, certain hospitals and nursing facilities, as well as long-term care facilities. This proposal assumes that the U.S. Supreme Court overturns CMA's injunction, which prevented the state from slashing Medi-Cal provider reimbursement by 10 percent in 2008. The U.S. Solicitor General has already recommended that the Supreme Court not hear the case.

Control Medi-Cal utilization (\$217 million)

The budget proposal would also limit utilization of important health care services for adults. It would, for example, limit Medi-Cal patients to 10 physician office visits per year, limit enrollees to six non-lifesaving prescriptions per month, and set cost caps on hearing aids and other medical devices.

Impose Medi-Cal copayments (\$557 million)

Copayments would be set at \$5 for physician office visits, including preventive and primary care services, \$50 for emergency room visits, and \$100 per day (up to \$200 maximum) for hospital stays. Provider reimbursement for the visit would then be reduced by a corresponding amount. CMA opposed this proposal when Governor Schwarzenegger made it last summer, as it would put physicians in the untenable position of either having to collect copays from the poor or denying them care.

Contain costs in the Healthy Families program (\$39 million)

Although last year's federal health reform legislation prevents states from reducing Healthy Families eligibility, the governor's budget proposal would contain costs in other ways. The proposal would eliminate the vision benefit, increase premiums by 75 percent or more for various income sectors, 3) increasing copayments for emergency room visits from \$15 to \$50, and 4) imposing a new copayment for inpatient hospital stays of \$100 per day (up to \$200 maximum). In these difficult economic times, this would almost certainly have the effect of removing children from the Healthy Families Program, thus denying them access to care.

The governor's proposed budget cuts more holes in California's tattered health care safety net. Medi-Cal currently covers 7.7 million Californians and enrollment is expected to grow by 1.5 - 2 million after the implementation of federal health reform.

Even at current rates, most physicians lose money treating Medi-Cal patients. As a result, it is nearly impossible to find physicians accepting new Medi-Cal patients in certain specialties. If these cuts are allowed to take place, these access problems will only be exacerbated. When Medi-Cal patients can't find a doctor, many will end up in the emergency room, the most costly and least efficient venue for Medi-Cal patients to receive treatment.

"With California's Medi-Cal rates already among the lowest in the nation, California's health care safety net cannot sustain these drastic cuts," said CMA President James G. Hinsdale, M.D. "CMA will continue to fight for physicians and work to preserve access to care for California's low-income populations."

For more details on the Governor's proposed budget as it relates to health care, see [CMA's budget analysis](#). Contact MMCMS for a hard copy of CMA's budget analysis.

Blue Cross Announces 8th Extension to Healthy Families Continuity of Care Plan

Blue Cross has, for an eighth time, announced an extension to its Healthy Families continuity of care plan in most counties.

However, the California Medical Association (CMA) has learned that the Department of Managed Health Care (DMHC) is expected to approve the networks in the remaining Blue Cross Healthy Families counties sometime in January. With that approval, Blue Cross would no longer be required to offer a continuity of care plan, meaning doctors would have to be in Blue Cross' Health Families network in order to get paid.

As you may recall, Blue Cross announced in March last year that it would require physicians to sign a separate contract and accept reduced rates if they wanted to continue treating Blue Cross-insured patients through the Healthy Families and Access for Infants and Mothers programs. The new lower payments vary but hover just above Medi-Cal rates.

Although the effective date on the new contracts was Sept. 1, 2009, the insurer has extended its continuity of care plan through Jan. 31 for patients in all counties except San Bernardino, Riverside and Orange. The continuity of care plan for those three counties expired Aug. 30, 2010.

CMA is currently working with DMHC and Blue Cross to understand how and when the continuity of care plan transition will occur. CMA will provide additional information as it becomes available.

The continuity of care plan provides that in lieu of a newly signed Healthy Families contract, physicians with Prudent Buyer contracts will be paid 125 percent of Medi-Cal for most Healthy Families services.

[Download a copy of the notice](#) that was recently mailed to physicians.

