



# **DENVER MEDICAL BULLETIN**

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## **HealthCare: A Shipwreck Ready to be Righted**

*Johnny E. Johnson, Jr., MD, Chair of the Board of Directors*

“**H**istory abounds with would-be saviors who promised peace and prosperity and have failed to deliver. Have we learned the lesson that no human being or form of government can deliver us or bring ultimate salvation?”

I attended the Governor’s Invitational Dialogue on Health Care Vision and Values on December 5, 2007, at Aurora Community College. The meeting was facilitated with a focus on the fundamental questions driving our health care system. Who, what, where and how? Who should be covered? Who should pay for people who can’t afford coverage and what form of coverage should they get? What is the role of government? What is the role of employers? What is the role of individuals?

We discussed what health care in Colorado looks like now. What is the vision for health care in Colorado? What should health care reform accomplish? What values influence our health care vision? What approaches to health care reform do we need? Attendees were polled on a pre-determined set of questions and engaged in small group discussions.

The participants represented all sectors of the Denver community. It is my belief that the best public policy is developed when all stakeholders are invited to the table. We were asked to give input on what is our vision for health care in Colorado and the values driving that vision such as our views of the role of individual responsibility, the common good and shared responsibility.

What policy tools should be implemented to reflect those values and achieve your vision? The results were predictable about coverage, access, and preventive health care for everyone (70 - 91% agreed). Access to primary care for everyone, routine medical services, hospitalization, surgery or chronic disease care all polled at 85%.

Most people, including myself, agreed that we need a change. A majority of the participants disagreed that employers should pay for most of health care costs. Most of the group stated that all employees should pay something but coverage should not be mandated. The idea that employees should feel some pain and take some personal responsibility for their health care needs was agreed upon and most felt that there must be free market competition to improve the health care system.

### **What’s a Physician to do?**

After attending the meeting and sharing my input and feedback about our state’s health care system as an individual (not as President of the DMS or even as a member of the CMS, or AMA), I believe that as physicians we must demand more from our health care system. When it comes to cost, quality, and access for every citizen in Colorado we can do much better! Despite spending billions of dollars on health care, we still have a system that is failing to meet the needs of all Coloradans.

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I have concluded that before we answer the hard questions posed at this meeting, we as a people must finally admit that we don't have the best health care system in the world anymore. We spend 2.1 trillion dollars a year and are ranked by the World Health Organization as 38<sup>th</sup> in the world for health systems. So, why are we ranked 38<sup>th</sup> in health care with all of our technology and better outcomes in most areas of disease treatment? Maybe it is because of poverty, poor education, diversity, illegal immigrants, administrative waste and economic excess in health care (i.e. United HealthCare's CEO's compensation package) that someone has to pay for.

Why can't we identify the areas of health care that drive costs up and deal with them? As physicians, we must be more revolutionary and chain ourselves to the state capitol until our voices are heard! As the expression goes, we need to put more skin in the game and protect our patients, ourselves, our families, and finally our fellow physicians (why are some of us making millions and others barely making it?).

### Champions for Preventive Care

We need to become champions for proven preventive strategies that need to be made available to all in a new comprehensive and coordinated health care delivery model. We only need to look at two common risk factors to see the impact good preventive care could have on the cost of health care. Let's take end-of-life care and preterm deliveries as two such areas of risk and increased cost for health care. Since I am an obstetrician, let's take preterm pregnancy first. In an average week in Colorado 162 babies are born preterm (between 20-37 weeks gestation). At an average of \$42,000 per preterm infant, \$353,800,000 is spent annually in Colorado caring for these preterm births, not including the cost of long-term care and disabilities paid for by the state. Forty-eight percent of all preterm births occur in the Medicaid population where many mothers receive no prenatal care, do not have a consistent obstetrician, have financial difficulties with drug or health

costs, do not have permanent homes or telephones and only use emergency room services for health care.

One solution would be to have a program for Medicaid moms that has the ability to bring Medicaid participants into an organized system of care tailored to their needs. We need a program that has sophisticated methods for finding the pregnant Medicaid mom early in pregnancy and providing education and encouragement for participants to see their primary obstetrician. By managing their pregnancies, such a program can achieve a 40% to 50% better chance of successful pregnancy outcomes. We need to assess Medicaid moms for high risk conditions/behaviors in order to reduce costs and address social needs such as transportation, housing, and other areas impacting health outcomes and cost.

Additionally, we need to manage newborns admitted to neonatal intensive care (NICU) and reduce total NICU costs. Pilot programs have demonstrated that for every dollar spent on prevention, over 3 dollars can be saved by reducing mother hospital admission and newborn NICU days.

That is my OB solution for health care cost reform. Now someone else can propose end-of-life solutions to control health care costs.

### Next Steps

After this interactive session and dialogue, what did I take away, or better still contribute, to the Governor's Dialogue on Health Care Vision and Value? The first thing I learned is to be respectful of each other's views. Secondly, I learned that health care reform should be universal and not incremental in its approach to address cost, access and quality. We all must agree that these three interconnected parts feed on each other and cannot be separated.

I will keep you informed of the outcome of these public sessions. The most encouraging result of the one I attended may be that everyone agreed that every citizen in the state of Colorado should have their health care needs addressed.

**Denver Medical Bulletin:** Nora E. Morgenstern, MD, DMS President and Publisher / Johnny E. Johnson, Jr., MD, Chair of the Board / Randall M. Clark, MD, President Elect / Michael B. Keller, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. **The Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web [www.denvermedsociety.org](http://www.denvermedsociety.org). Email: [dms@denvermedsociety.org](mailto:dms@denvermedsociety.org). Postmaster: Send address changes to 1850 Williams Street.

## Life Quality Institute: Advancing Palliative Care

*“Education is not the filling of a pail,  
but the lighting of a fire.”*

~ William Butler Yeats ~

The Life Quality Institute, dedicated to advancing palliative care through education, is honored to be the recipient of the 2007 Community Education Award presented by the Denver Medical Society.

To successfully introduce and incorporate palliative care into the medical system and culture, education is critical. Until recently, formal education in palliative and end-of-life care has been largely absent from medical school, health professions, and residency training. Studies show that students, residents, and practicing professionals feel unprepared, often fearful, to care for patients with incurable diseases. This lack of training in end-of-life care leads to untreated pain, ineffective communication, and deaths devoid of compassion and dignity.

In 2003, The Denver Hospice created the Life Quality Institute to address this critical education gap. Through professional and community education, the Life Quality Institute is committed to creating systems that ensure that palliative care education and training becomes deeply imbedded into healthcare standards and practices, and prepares tomorrow's physicians to provide better care for our aging society. Since inception, the Life Quality Institute has provided more than 80,000 hours of experiential, palliative care education to medical students, residents, physician assistant students, physicians, healthcare professionals, and the public.

Under the direction of Daniel Johnson, M.D., a nationally recognized palliative care physician-educator, the Life Quality Institute has developed award-winning education and training programs for students, residents, and other interdisciplinary health professionals. Each year, more than 750 medical, nursing, and physician assistant students experience a minimum one-day hospice rotation.

Life Quality Institute's premiere program for medical and nursing students

requires each student to spend a day with a preceptor from one of the local hospices. Following a morning didactic session on palliative care, each student shadows a preceptor to observe the role of the interdisciplinary team member. While observing patient communications and interactions, students are encouraged to explore the meaning of hope in individuals nearing life's end. Students end the day in a debriefing session where they can review the experience with a physician or nurse. While results from student pre- and post-tests are impressive (averaging a 38% increase), one student's comment clearly summarizes the success of Life Quality Institute programs:

*This experience will remind me to keep my “third ear” open and really hear what my patients are telling me about themselves as well as their illnesses.*

Daniel Johnson's leadership in palliative care education has helped fuel interest in the healthcare community. Physicians throughout Colorado are exploring palliative care issues through Life Quality Institute interactive programs including:

- *Managing Common and Distressing Symptoms in Advanced Illness*
- *Using Opioids in Complex Illness: Ten Common Mistakes*
- *Derailing the ‘Do Everything’ Directive: Negotiating Code Status in End-Stage Illness*
- *Drawing Lines in End-of-Life Care: Ethical Principles and Colorado Law*
- *Stopping the Revolving Door: Strategies to Break the Cycle of Readmissions in End-Stage Illness*

These programs are specifically tailored to the needs and concerns of the  
(Continued on page 6)

### **Palliative Care is . . .**

interdisciplinary, team-based care that aims to relieve suffering and support best quality of life for patients living with advanced illness. This supportive care, most often delivered concurrently with traditional medical therapies, addresses the physical, emotional, social, and spiritual needs of patients and families.

### **Palliative care:**

- provides relief from pain and other distressing symptoms including the physical, emotional and spiritual pain
- affirms life and regards dying as a normal process
- neither hastens nor postpones death
- integrates, equally, the psychological and spiritual aspects of care
- offers a support system to help patients live as actively as possible
- offers a support system to help the family journey with the patient through the illness
- engages a team comprised of a physician, nurse, chaplain, and social worker, to address the needs of patients and their families
- enhances quality of life, and may also positively influence the course of illness

*DMS  
Members  
Meet with  
Denver  
Legislators  
November 28,  
2007*



DMS President, Nora E. Morgenstern, MD, welcomes legislators and physicians to the discussion of healthcare issues.



Former DMS Chair, Alan Synn, MD, and Rep. Jeanne Labuda discuss anticipated healthcare legislation for 2008.



Sen. Ken Gordon and Dr. Joanne Halbrecht discuss health plans' impact on medical practices over dinner.



Rep. Joel Judd met with DMS physicians to hear their perspectives on pending legislation.



Rep. Mark Ferrandino and Dr. Patricia VanDevander consider proposals for healthcare reform.

## Life Quality Institute

(Continued from page 3)

physician group and include case studies, role play, and interactive discussions. Physicians attending these educational programs praise the content and quality of the offerings:

- *Knowledgeable professionals who presented all the information in a useful and practical forma.*
- *Effective presentation of material. . . a well thought out introduction.*
- *A valuable program because information was based on evidence.*

In the next five years, data show that retiring Baby Boomers will place additional strain on the healthcare system. Most of these persons will struggle with chronic and debilitating diseases like cancer, congestive heart failure, diabetes, and Alzheimer's disease. At a time when our healthcare systems are stressed, new approaches are needed for those caring for friends and family members with advanced or terminal illness. Strengthening caregiving systems, formal and informal, should be a foundational component in all palliative care programs.

Under the guidance of Jane Barton, M.T.S., the Life Quality Institute has established *Creating Communities of Care*, a community-based educational program that supports the development of networks of practical care for patients and their caregivers. *Creating Communities of Care* promotes the Share The Care™ model of caregiving. This model is designed to help family members, friends, colleagues, neighbors, and volunteers unite to create a community of care...a community offering time and talents to meet the diverse and varied needs of the patient and their family. By creating communities of care, the likelihood of the primary caregiver succumbing to serious illness is reduced while the quality of life for the patient and family is enhanced. Keenan Moore, a social worker, provides the simplest description of this caregiving model.

*This [program] seems so basic- so intuitive, but it feels like this truly is an answer, or a source of hope for those feeling overwhelmed by the stress, burdens, obligations and needs of caregiving and receiving care.*

The Life Quality Institute is committed to supporting the best quality of life for individuals with advanced illness and their families by educating healthcare profes-

sionals, students and communities about palliative care and supporting the growth and development of palliative care clinical services. Quality of life is dependant on hope. H. Brody wrote (JAMA 1981):

*Hope means different things to different people, and different things to the same person as he/she moves through stages of illness. When we talk to patients and find out what is really worrying them, we can almost always give them realistic assurances."*

Understanding the hope of patients with advanced illnesses and their families is a key ingredient of good palliative care. The programs and experiences provided by Life Quality Institute serve as tools that challenge learners to recognize hope and explore the potential of palliative care to change the culture of medical care.

*Today taught me how just being there can make such a difference to our patients and how all hope is not lost." ~ Third-year medical student ~*

Community collaborations are key to the future of palliative care in Colorado and throughout the nation. Community foundations, local corporations and individuals have generously supported the Life Quality Institute. Equally important, local hospices, universities, churches, and civic organizations have provided time, talent, and leadership to further the success of palliative care education and the Life Quality Institute. Life Quality Institute is proud to be an integral part of this critical movement in our healthcare system.

If interested, your physician group or healthcare organization can arrange for a tailored palliative care education program by contacting Daniel Johnson, M.D., at [Daniel.Johnson@kp.org](mailto:Daniel.Johnson@kp.org). For more information about community programs for your church or social organizations, please call Jane Barton at 303-398-6230. For general information about Life Quality Institute or to make a donation to further palliative care education in Colorado, please call Cheryl Siefert at 303-780-4676.

### CLASSIFIED AD

#### Medical Office Space Available

LONE TREE MEDICAL PLAZA. Buy or Lease. New construction. Various sizes available. Amenities include: Signage, Covered Parking, Covered Patient Drop-Off and more. Contact Jan Friedlander, CCIM at 303.885.9200 or [janfriedlander@comcast.net](mailto:janfriedlander@comcast.net).

**Solo/Chamber Music Concert Series**

*Exempla-St. Joseph Hospital invites  
DMS physicians and guests  
to join them in a concert with musicians performing  
classic tangos by Astor Piazzola, Osvaldo  
Pugliese, Julian Plaza, and others.*

*Claude Sim, Violin—Evan Orman, Bandoneon—  
Michael Tilley, Piano—Kenneth Harper, Bass*

*Rainier Auditorium, Russell Pavilion  
Exempla-St. Joseph Hospital*

*Tuesday, January 22, 2008*

*5:30 pm - Cocktails and Hors D'Oeuvres  
6:15 pm - Concert  
6:45 pm - Mingle with colleagues and musicians*

*Please RSVP to the Denver Medical Society at  
(303) 377-1850.*

**2008 New Year's Resolution: I will learn Spanish.**

***Here's how to start.***



**SPANISH FOR THE MEDICAL PROFESSION**

**FEBRUARY 15 – 17, 2008**

**Denver Medical Society, 1850 Williams Street, Denver**

Rios Associates will again offer Beginning and Intermediate Spanish for physicians, APNs, PAs, nurses and other medical personnel. This is the twelfth time we have offered this popular class. 24 CMEs available. Call DMS at (303) 377-1850 or email to [dms@denvermedsociety.org](mailto:dms@denvermedsociety.org) for additional information.

Enroll me in *Spanish for the Medical Profession* course offered February 15-17, 2008.

Name: \_\_\_\_\_ Intermediate Class \_\_\_\_\_  
 Address: \_\_\_\_\_ Beginner Class \_\_\_\_\_  
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Please make checks payable to the Denver Medical Society and mail with registration to 1850 Williams Street, Denver 80218. You may fax credit card registrations to (303) 331-9839.

DMS members - \$395    All others - \$460

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**CARRIE'S SURGERY DIDN'T GO AS EXPECTED.  
THANKS TO COPIC'S "3Rs" EARLY RESOLUTION  
PROGRAM, NEITHER DID WHAT HAPPENED NEXT.**

Carrie had surgery but was hospitalized again six weeks later for complications. In the midst of a job search and without health insurance, she incurred more than \$17,000 in additional out-of-pocket medical expenses. It was money she and her husband had been saving to adopt a child. "I thought I would have to take legal action," she said. "I expected a long and costly fight." But Carrie never expected what happened next.

That's because Carrie's COPIC-insured physician took part in an innovative early resolution program. Known as the "3Rs Program" (for Recognize, Respond, and Resolve), it provides quick and fair assistance to patients who experience unanticipated outcomes.

Within weeks of learning about the program from her physician, Carrie was reimbursed for her medical bills. "It was phenomenal. I was treated with compassion and

my privacy was protected. Best of all, we'll still be able to realize our dream of adoption." And Carrie still goes to the same physician. "That's a testament to the program's effectiveness," she says.

In fact, the 3Rs Program was highlighted in the June 28, 2007 issue of the New England Journal of Medicine as the "best-known private-sector disclosure program" and part of a national transformation in how health care providers communicate with patients about unanticipated outcomes.

*The 3Rs Program is just one way COPIC delivers on its promise to help preserve physician-patient relationships. To find out more about COPIC and request a premium indication, contact Ms. Pat Zimmer, Director of Sales, at (800) 421-1834, ext. 6186 or (720) 858-6186, or email [sales@copic.com](mailto:sales@copic.com)*



Promises kept.

Endorsed by Colorado Medical Society and Nebraska Medical Association

*Our thanks to Carrie for giving COPIC permission to use her photograph and her story.*