

SAN DIEGO

MAY 2019
Official Publication of SDCMS

PHYSICIAN



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for HEALTH

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This education activity covers essential information about effectively managing pain and appropriately prescribing opioid medication for older adult patients. Topics include:

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Managing patients receiving palliative or hospice care;
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This on-demand course, hosted by The Doctors Company, includes five video segments. Completing this course enables you to:

*Use a broad approach to managing pain that includes physical and psychological techniques;
Prescribe pain medication for older adult patients more appropriately;
Educate patients on their treatment and utilize informed consent and treatment agreements.*

Continuing Education Credit

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The Doctors Company and Champions for Health. The Doctors Company is accredited by ACCME to provide continuing medical educational activities for physicians.

The Doctors Company designates this enduring material for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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HELP LINE!**

Be it legal information, help with a problematic payor, or details about your member benefits, call CMA's Member Help Line: **(800) 786-4262**

CALENDAR

NOW - JUNE 30, 2019: On-Demand CME Webinar on Pain Management for Older Adults available at no charge. Covers appropriate prescribing of opioid medication. Produced in partnership with The Doctors Company and Champions for Health. For info, visit championsforhealth.org/pain-management-and-opioid-prescribing-for-older-adults

MAY 23, 2019: SDCMS Rendezvous by the Bay, Installation of new SDCMS President, 6-10 pm, Paradise Point Resort, 1404 Vacation Drive, San Diego

JUNE 28 - 30, 2019: 62nd San Diego Academy of Family Physicians' Annual Symposium, Paradise Point Hotel. Register at www.sandiegoafp.org

OCT 12-16, 2019: The Academy of Integrative Health & Medicine Annual Conference, Sheraton Hotel & Marina, San Diego. Learn evidence-based integrative medicine. This is an AMA PRA Category 1 CME accredited program. Register at www.conference.aihm.org.

PAYER ISSUES AND REIMBURSEMENT

Noridian Continues to Deactivate Providers for Not Responding to Medicare Revalidation Notices



PHYSICIANS ARE REMINDED that their Medicare billing privileges will be deactivated if they fail to respond to Medicare revalidation notices.

Noridian – the Medicare contractor for California – will send revalidation notices via email two or three months prior to the revalidation due date. Revalidation notices sent via email will indicate “URGENT: Medicare Provider Enrollment Revalidation Request” in the subject line to differentiate from other emails. If the email is returned as undeliverable,

only then will Noridian send a paper revalidation notice to the correspondence, special payments and/or primary practice address on file.

Physicians don't, however, have to wait for a revalidation letter. CMS has a look-up tool that allows a practice to look up an individual physician's or organization's revalidation date. Physicians due for revalidation in the near future will display a revalidation due date. All others will see “TBD” in the due date field.

What physicians need to know

- When responding to revalidation requests, it's important to revalidate your entire Medicare enrollment record, including all reassignment and practice locations through internet-based PECOS or via the CMS 855 form.
- If you have multiple reassignments/billing structures, you must coordinate the revalidation application submission with each entity.
- If a revalidation application is received but incomplete, Noridian will contact you via email for the missing information. **If the missing information is not received within 30 days of the request, Noridian will deactivate your billing privileges.**
- Do not assume that “no news is good news.” The contact person indicated on the application should receive an email notice of the application receipt, any discrepancies, and either a stop billing privileges or acknowledgement letter of approval. Check your spam filter if you're not receiving these notices.
- Failure to revalidate may result in a deactivation of your Medicare billing privileges.
- If billing privileges are deactivated, a provider request to reactivate will result in the same Provider Transaction Access Number, but there will be a lapse in coverage with Medicare. The provider will be required to submit a new full and complete application via paper or the PECOS online transaction in order to reestablish the enrollment record and related Medicare billing privileges.
- If the revalidation application is approved, the provider will receive email confirmation that the provider will be revalidated and no further action is needed.
- For more information on the revalidation process, see MLN Matters #SE1605.
- If you have questions about the revalidation process, please contact Noridian by calling (855) 609-9960. **SDP**

New Survey Reveals Physician Priorities for Healthcare in California



A NEW STATEWIDE survey* conducted by the California Medical Association (CMA) — which proudly represents more than 44,000 physicians across all modes of practice and specialty — found compelling new synergy around the future of healthcare.

Nearly 900 California physicians participated in the survey, and many of their opinions were aligned with CMA’s long-standing priorities. For example, participating physicians said the most important challenges facing California’s healthcare system included increasing costs and affordability (32%), access to quality care (24%), and lack of universal coverage (18%).

CMA members cited legislative advocacy (48%) and communication with its members (11%) as the top two reasons to join the 163-year-old association. And a majority believed CMA was doing a good job keeping them updated about policy issues affecting them (59%) and educating elected officials about how proposed legislation impact physicians and their practices (53%). Indeed, CMA’s biggest strengths were identified as acting as the voice of physicians (21%) and overall advocacy efforts (12%).

Key findings included:

Top five most important challenges facing California’s healthcare system today

- Increased cost and affordability (32%)
- Access to quality care (24%)
- Lack of universal coverage (18%)
- Serving low-income, uninsured, and homeless populations (11%)
- Regulatory interference with the practice of medicine (11%)

Top five public policy issues most identified with CMA

- Healthcare reform/Medi-Cal (15%)
- Advocating for physicians (12%)
- Monitoring state policies related to medical care (12%)
- Assisting with reimbursement efforts (8%)
- Access to quality care (7%)

Among CMA’s top 20 advocacy issues, the following five were most important

- Working to limit abusive insurance company practices (61%)
- Increasing Medi-Cal and Medicare reimbursement rates (52%)
- Supporting MICRA to

decrease malpractice lawsuits and reduce insurance rates (50%)

- Reducing physician burnout (43%)
- Addressing the increase in patient prescription pharmaceutical costs (35%)

CMA’s top five greatest strengths

- Acting as the voice of physicians (21%)
- Advocacy (12%)
- Size of membership (9%)
- Lobbying efforts (7%)
- Communication/Keeping members informed (7%)

CMA was ranked as doing a “good” job on the following top five services

- Updating physicians about key public policy issues affecting them (59%)
- Educating elected officials about how proposed legislation changes and reforms affect physicians and their practices (53%)
- Educating media about issues and challenges facing California doctors (42%)
- Providing physicians with best-practice data, tools and publications (39%)
- Helping physicians navigate quality reporting and other regulatory requirements (33%)

Top five reasons physicians joined CMA

- Legislative advocacy (48%)
- Communication with its members (11%)
- Educational opportunities (8%)
- Member discounts (8%)
- Opportunity to connect with colleagues (7%)

While 33% of physicians said they didn’t participate on social media, the 67% who are active online reported the following usage

- Facebook 41%
- LinkedIn 36%
- Doximity 35%
- Twitter 15%
- Instagram 15%
- DocBook MD 2%

To learn how CMA can help your patients and strengthen your medical practice, visit <https://www.cmadoes.org/why-join>, and stay updated on the latest news and developments.

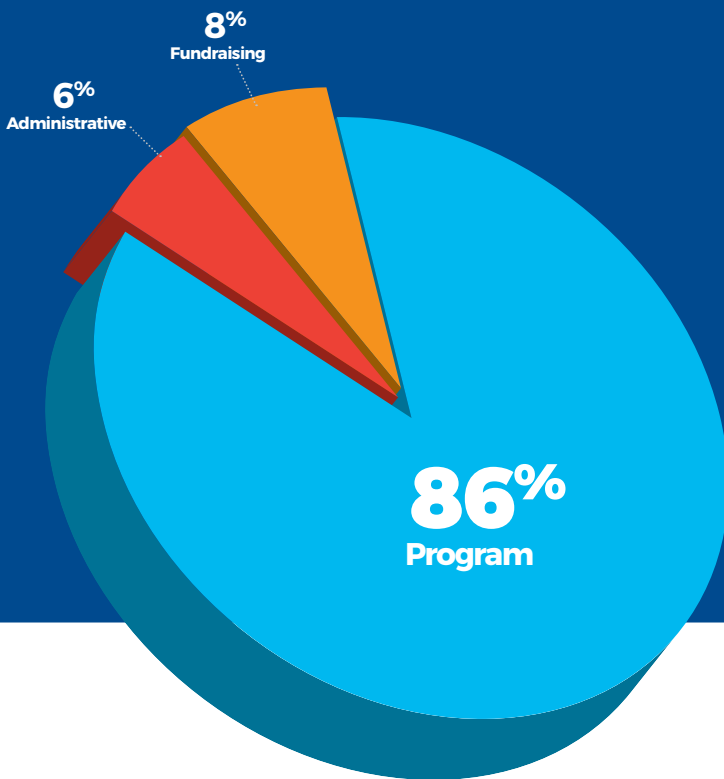
*Survey method: CMA’s survey was conducted from Nov. 26 through Dec. 9, 2018, with 882 physician participants (398 CMA members and 484 nonmembers). The margin of sampling error is +/- 3.28%. **SDP**

Annual Report for Fiscal Year 2017-2018

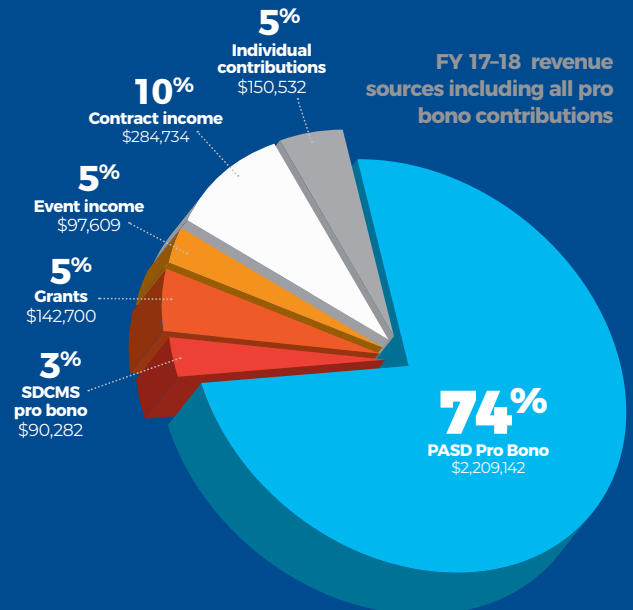
The mission of Champions for Health is to improve community health and wellness, access to care for all, and support for physicians through engaged volunteerism.



Financial Highlights

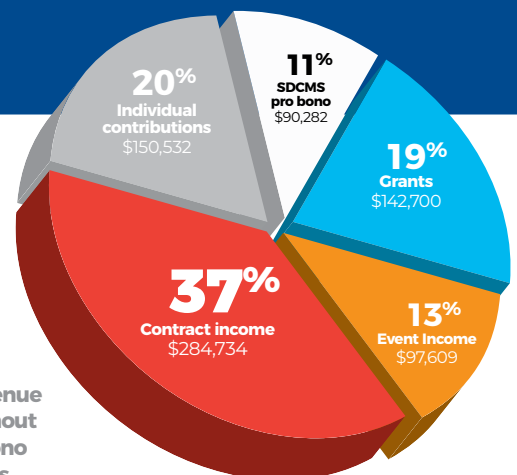


FY 2017-18 Expenses



FY 17-18 revenue sources including all pro bono contributions

Fiscal Year 2017-18 Revenues



FY 17-18 revenue sources without PASD pro bono contributions

Volunteers

It really does take a volunteer village to improve community health and wellness and create access to care for all. Specialty physicians and their medical care teams provide services, procedures, and surgeries; ancillary partners provide their facilities and services; and medical interpreters create language access — all pro bono — to uninsured San Diegans who are referred by participating clinics to Project Access. Community Wellness Programs provide another set of opportunities for practicing and retired physicians, nurses, nursing students, and other healthcare professionals to reach people within their neighborhoods to continue conversations around healthy lifestyles and provide venues for health screenings.



Dr. Stony Anderson and Project Access patient at the Colorectal Cancer Undy Run



Ancillary Partners
80

Hospitals
6



Project Access San Diego Physicians
243

Outpatient surgery centers
7

Live Well San Diego Speaker's Bureau
261

Cardiac Health
257

Project Access San Diego Specialty areas
30

Immunizations
1,050

Interns
12

Hepatitis A vaccines
38

9
endoscopy centers

12
GI specialists

33
people received colonoscopies and treatment

Flu vaccines
3,219

Immunization Sites
68

Live Well San Diego Speaker's Bureau Sites
105

Live Well San Diego Speaker's Bureau: San Diegans served
3,642



Out of pocket consumer savings for immunizations minimum
\$50,000

Love Your Heart Screenings w/ CFH volunteers
7,100



Total sites
220

Heart Screenings outside of LYH
261

25%
maintained weight loss and activity level for 12 months

Diabetes prevention participants average weight loss
4%

Community Wellness

Community Health & Wellness programming addresses preventable and chronic diseases. Our efforts include immunizations, screenings, diabetes prevention, and the Live Well San Diego Speaker's Bureau. Services are provided by volunteer physicians, nurses, nursing students, and trained interns. CFH is the third largest flu immunization provider in San Diego County. Partner sites where vaccinations occurred include food markets, schools, community based organizations, churches, the Mexican Consulate, and other locations. Topics covered during Speaker's Bureau presentations include healthy eating and nutrition, mental health, heart health, vaccinations, healthy gaining, and other topics.

\$2,430,789

in donated specialty
medical care; YTD
\$18,985,330

12

lives saved
YTD 56 lives
saved

Project Access San Diego

Champions for Health staff use best practices of care management to navigate and coordinate care for men and women, transforming their lives from pain and dire medical diagnoses to health, renewed family involvement, and productive work and community life. Two outstanding benefits of volunteering with Project Access mentioned by participating physicians: seeing their patients' transformed lives as well as having the perfect volunteer experience by not worrying about logistics.



78
transportation
services

348
interpretation
services

101
procedures
and surgeries

91%
reduction in
workdays missed

84%
reduction in
emergency
department visits

508
patients that
relied on PASD as
a safety net

1,471
specialty
appointments

AlzDxRx App
234
new physician providers

185
providers used on-demand webinars

3,881
Alzheimer's Project website views

Alzheimer's Project Grand Round & Conference presentations
1,121
providers participated



Dr. Feldman presenting at the San Diego Academy of Family Physicians Conference

Physician Support

Our physicians are the lifeblood of all our work, and so we support them as they support us. First-year medical students and residents from UC San Diego School of Medicine who are dedicated to serving people most in need in San Diego County were awarded scholarships. Trips to Sacramento with medical students provided a first-hand view of the legislative process. Practitioners received expert advice and linkages through econsultSD, the Alzheimer's Clinical Roundtable, Grand Rounds and conferences, and the Alzheimer's Project app, and take advantage of volunteer opportunities with Project Access San Diego and Community Wellness programs. The Retired Physician Society hosted quarterly seminars to stay up to date in the healthcare field and bond over common interests.



Thank you!

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- Coast Surgery Center
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- County of SD Health & Human Services Agency
- CSU San Marcos Student Healthcare Project
- Escondido Surgery Center
- Euclid Endoscopy Center
- Eye Tech Service LLC
- Genzyme Corp
- Grace Medical ENT Specialist
- Hanger Prosthetics & Orthotics
- Harmony Home Medical
- Imaging Health Care Specialists
- IOP Ophthalmics
- Jackie Robinson Family YMCA
- Kaiser Permanente
- La Jolla Endoscopy Center
- Longevity Physical Therapy
- Magdalena Ecke Family YMCA
- Mexican Consulate
- Miracle Life Sciences



The Future Awaits

Dear Friends,
This past year Champions for Health has been involved in a whirlwind of activity in getting people healthy and keeping people healthy. We reimagined existing partnerships and created new ones with various community-based organizations, churches, and health plans. We leveraged our community wellness capacity to meet vulnerable communities where they live, work, play, and pray, maximizing the reach and effectiveness of ongoing partner efforts. We have mobilized our volunteer interns to spearhead initiatives in health promotion, community immunization, health literacy, patient champions, and language access.

The future is brimming with opportunity, and we are ready to embrace it head on! Integrating our prevention and treatment efforts by addressing the social determinants of health will create the greatest impact to ensure the health of our neighbors. A tremendous thank-you to our physician leaders who continue improving health and changing people's lives.

With much gratitude and appreciation,
Champions for Health Staff and Board of Directors SDP



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North Coast Surgery Center
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Palomar College School of Nursing
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Planned Parenthood
Point Loma Nazarene University Health
Promotion Center
Poway Surgery Center
Premier Lithotripsy

Premier Surgery Center
Prime Anesthesia Services
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Tri City Medical Center
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UCSD Student Run Free Clinic Project
United African American Ministerial Action Council
United Healthcare
Vista Community Clinic
Volunteers in Medicine

Champions for Health Is Proud to Be a Live Well San Diego Partner



CMA Pushes Major Statewide Effort to Promote Physician Wellness

By Katherine Boroski



AS THE DELIVERY OF healthcare undergoes fundamental shifts and the rate of burnout among physicians continues to rise, physician wellness and professional fulfillment have become hot topics throughout the healthcare community.

In a recent Medscape survey, nearly two-thirds of U.S. doctors said they felt burned out, depressed, or both. More troubling still, one-third of respondents said such feelings affected their relationships with patients.

Burnout can erode the quality of patient care and decrease patient satisfaction. It can also limit patient access to care, as physicians experiencing burnout often cope by reducing the number of patients they see, reducing their clinical time or leaving the profession entirely.

To help physicians succeed in their life's work of caring for patients, the California Medical Association (CMA) has made physician wellness and the prevention of burnout a core priority.

To that end, CMA is working with

nationally recognized leaders on physician wellness who bring unparalleled academic expertise and hands-on experience to build an organizational initiative to improve physician fulfillment and wellbeing.

The new initiative is a statewide collaborative effort with physician wellness experts from the Stanford Medicine WellMD Center: Tait Shanafelt, MD, associate dean, chief wellness officer and professor of hematology; and Mickey Trockel, MD, project co-leader and clinical associate professor of psychiatry and behavioral sciences.

Under the leadership of CEO Kathleen Creason, CMA's Physician Wellness Services will be the most comprehensive effort in the country to increase physician wellness as a vehicle to improve the quality of care they provide patients.

"CMA is extremely proud to work with Dr. Shanafelt and his team to better combat physician burnout," says CMA President David H. Aizuss, MD. "This program's scope, innovative approach, and resources

are unmatched in the nation, and it will substantially improve physician wellness while supporting patient access to quality care."

The program will utilize a population health framework to address systemic contributors to physician burnout, along with providing tailored support for physicians at increased risk or experiencing specific challenges. In addition to creating tools to support changes that the healthcare system can make to increase physician wellbeing, the program will assist those already expressing signs of burnout.

The program will also include offerings that range from local physician commensality groups (to help physicians reconnect with their peers and to find meaning in their work) to tools that help physicians calibrate their wellbeing, while also linking those physicians who have markers of burnout to additional resources. Training will be made available to empower physician leaders to build practice environments that support professional fulfillment. The program will also include an annual comprehensive, longitudinal assessment of the experiences of California physicians to identify new opportunities and measure progress.

"This project aims to promote wellness for all physicians, deliver specific interventions to those most at risk for burnout, and provide timely interventions to those already in distress," Dr. Trockel says. "Along with broad focus on promoting wellbeing, this tiered approach also sets the ambitious goal of preventing physician suicide in California."

National studies led by Dr. Shanafelt indicate that burnout is more common among physicians than U.S. workers in other fields. Physician burnout has also been associated with risk for suicide among physicians.

"The wellbeing of the nation's physicians is a critical factor in maintaining access to care and the quality of our healthcare system," Creason says.

For more information on CMA's Physician Wellness Services Program, contact Kathleen Creason at kcreason@cmadocs.org or (916) 551-2031. **SDP**

Ms. Boroski is senior director of Communications for the California Medical Association.



When Treating Children, Avoid These Risks

By Darrell Ranum, JD, CPHRM

A STUDY OF MALPRACTICE claims against physicians in 52 specialties who treat children reveals that while there are common elements in allegations, the types of problems experienced by pediatric patients – and that lead to malpractice claims – change as they age.

The Doctors Company studied 1,215 claims filed on behalf of pediatric patients that closed from 2008 through 2017. The study focused on four groups: neonate (less than 1 month old), first year (1 month through 11 months), child (1 through 9 years), and teenager (10 through 17 years).

Of the claims, 446 (37%) resulted in a payment to the claimant.

The patients represented in these claims and lawsuits were treated by a variety of specialties. Obstetricians were most frequently involved with neonatal patients. Pediatricians, orthopedic sur-

geons, emergency medicine physicians, and family medicine physicians were most frequently named as defendants for children older than 1 month.

Diagnosis-related allegations were the most common allegation in all but the neonate age group. Patients older than neonates experienced diagnosis-related claims in 34–44% of all claims and lawsuits.

The most common factor contributing to injury in neonates was selection and management of therapy. This issue refers to decisions about vaginal birth versus cesarean section. The most common factors contributing to patient harm for age groups other than neonates were patient assessment issues and communication between the patient or family member and provider.

The following strategies can assist physicians in preventing some of the concerns identified in this study:

For Neonates

1. Become familiar with the National Institute of Child Health and Human Development nomenclature. Physicians and nurses should participate together in regular fetal monitoring learning activities.
2. Respond without delay when a nurse requests a physician assessment.
3. Conduct drills to ensure 30-minute response times for emergency cesarean section deliveries and carry out simulations of low-frequency/high-severity obstetric emergencies.
4. Estimate and document fetal weight when considering vacuum-assisted vaginal delivery.

For Children Ages 1 Month to 17 Years

1. Ensure quality documentation.
2. Conduct careful reevaluations when patients return with the same or worsening symptoms.
3. Ensure an adequate exchange of information. Utilize translations services if communication is difficult.
4. Provide parents with information to help them recognize when a sick child requires emergency care.

This study showed that neonates and infants in their first year of life were more vulnerable than older children. Children less than 1 year of age experienced high-severity injuries at almost twice the rate of children older than one year. Neonates may experience complications due to difficult labor and delivery. They also face congenital conditions that may not be readily diagnosed and treated.

Children older than 1 year experienced more injuries from trauma, communicable disease, and malignancies. Teenagers experienced trauma and illness, and teen-aged females may also face the dangers of pregnancy and childbirth.

These issues and additional data are addressed at thedoctors.com/childmedicalstudy.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome.

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Mr. Ranum is vice president of Patient Safety and Risk Management at The Doctors Company.

California Looks to Lead Nation in Unraveling Childhood Trauma

By Anna Maria Barry-Jester





IMAGINE IDENTIFYING a toxin so potent it could rewire a child's brain and erode his immune system. A substance that, in high doses, tripled the risk of heart disease and lung cancer and reduced life expectancy by 20 years.

And then realizing that tens of millions of American children had been exposed.

Dr. Nadine Burke Harris, California's newly appointed surgeon general, will tell you this is not a hypothetical scenario. She is a leading voice in a movement trying to transform our understanding of how the traumatic experiences that affect so many American children can trigger serious physical and mental illness.

The movement draws on decades of research that has found that children who endure sustained stresses in their day-to-day lives — think sexual abuse, emotional neglect, a mother's mental illness, a father's alcoholism — undergo biochemical changes to their brains and bodies that can dramatically increase their risk of developing serious health problems, including heart disease, lung cancer, asthma, and depression.

"[Nadine] has probably singlehandedly done more to elevate this issue than anyone else," says Dr. Mona Hanna-Attisha, the pediatrician known for documenting the rise in children's blood lead levels in Flint, Mich., after the city switched its water supply.

With Burke Harris' selection as the state's first surgeon general, California is poised to become the vanguard for the nation in embracing the research that traces adverse childhood experiences, or ACEs, to the later onset of physical and mental illness. In pockets across the country, it's increasingly common for schools and correctional systems to train staff on how academic and behavioral problems can be rooted in childhood trauma. Burke Harris envisions a statewide approach whereby screening for traumatic stress is as routine for pediatricians as screening for hearing or vision, and children with high ACEs scores have access to services that can build resilience and help their young bodies reset and thrive.

As California's surgeon general, she will have a powerful bully pulpit — and the firm backing of a new administration with deep pockets. In his first weeks in office, newly elected Governor Gavin Newsom has made clear he intends to devote significant resources to early childhood development.

He has named several recognized experts in child welfare, along with Burke Harris, to top posts, and is promoting child-centric policies that include extended family leave for new parents, home nursing visits for new families, and universal preschool. In his first state budget proposal, released last month, Newsom called out ACEs by name and committed \$105 million to boost trauma and developmental screenings for children.

"It should be no surprise to anyone that I'm going to be focusing on ACEs and toxic stress," Burke Harris said in a phone interview just days into the new job. "I think my selection is a reflection of where that issue fits in the administration's priorities."

A Game-Changing Study

Adversity is the sort of thing we intuitively understand, at least to some extent. Having a parent who struggles with addiction or mental illness is hard on kids, as is growing up in a neighborhood marked by poverty, gun violence, or drug abuse.

A 1990s study laid the groundwork, however, for an understanding of adversity that suggests it poses a pervasive threat to public health.

During interviews with patients at a Kaiser Permanente obesity clinic in Southern California, Dr. Vince Felitti was shocked at how many said they had been sexually abused as children. He wondered if the experiences could be connected. (Kaiser Health News is not affiliated with Kaiser Permanente.)

As head of the Department of Preventive Medicine at Kaiser Permanente in San Diego, he had access to a huge pool of patients to try to find out. Together with the Centers for Disease Control and Prevention, he surveyed more than 17,000 adult patients about 10 areas of childhood adversity. Among them: Did a parent or other adult in your household physically abuse you? Emotionally abuse you? Sexually abuse you? Go to prison? Was your mother regularly hit? Did you often go hungry? Were your parents divorced? The researchers scored each patient, assigning a point for each yes, and matched up the responses with patients' medical records.

What they found was striking. Almost two-thirds of participants reported experiencing at least one kind of adversity, and 13 percent — about 1 in 8 — said they had experienced four or more. Those who reported experiencing high doses of trauma

as children were far more likely to have serious health problems as adults, including heart disease, stroke, cancer, and diabetes. And the higher their ACEs score, the worse their health was likely to be.

This extended to mental health as well: Adults who reported experiencing four or more ACEs were 4.6 times as likely to have clinical depression and 12 times as likely to have attempted suicide.

In the 20 years since, scientists have built on the research, replicating the findings and digging into the “why.” In the simplest terms, traumatic events trigger surges in cortisol, the “stress” hormone. When those surges go unchecked for sustained periods, they can disrupt a child’s brain development, damage the cardiovascular system and cause chronic inflammation that messes with the body’s immune system.

And where children really get into trouble is when they also are missing the best-known antidote to adversity:

a nurturing and trustworthy caregiver. Without that positive stimulation, children can end up with an overdeveloped threat response and a diminished ability to control impulses or make good decisions. Children with high ACEs scores are more likely to develop attention deficit hyperactivity disorder, known as ADHD, and cognitive impairments that can make school a struggle. They are more likely to grow into adults who drink to excess, are violent, or are victims of violence.

The research is compelling, because it has the potential to explain so many intractable health problems. What if some portion of Generation ADHD really has PTSD? What if obesity and hypertension are disorders with roots in childhood experiences, and not just what we eat for dinner?

‘What Happens to You Matters’

Until now, Burke Harris’ professional epicenter has been Bayview-Hunters Point in San Francisco. It’s a vibrant community

with a history of activism, but also deeply impoverished, and blighted by pollution and violence. It was there that Burke Harris, at her pediatric clinic, noticed that many of her young patients with serious medical conditions also had experienced profound trauma. And patients who had experienced serious adversity were 32 times more likely to be diagnosed with learning and behavioral problems than kids who had not.

When a colleague introduced her to the ACEs study, she saw her patients written between its lines. Though these problems might be concentrated in Bayview, they certainly weren’t confined there. This was a health crisis transcending race, class, and ZIP code.

In the years since, Burke Harris has worked to advance ACEs science through her work at the clinic and her nonprofit research institute, the Center for Youth Wellness. She regularly travels the country to train fellow pediatricians in trauma



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screening and treatment. She has written an acclaimed book on the issue, *The Deepest Well*, and her TED talk on the topic has been viewed nearly 5 million times online.

Now, she'll be directing her singular focus back on California.

She plans to start with a statewide tour to hear from doctors and other health leaders about barriers to increasing pediatric screening and care. She'll also be talking about the science of ACEs. "It's Public Health 101 that raising awareness is a critical form of primary prevention," she says.

But even with the funding included in Newsom's budget, there are challenges to standardizing trauma screening. For one: In medicine, it's common practice that you screen only for what you can treat. Many doctors — even those persuaded by research on adversity — have raised concerns about the lack of established protocols for treating childhood trauma. What can a pediatrician, with her 15-minute time slots and extensive to-do list, do about the ills of an absent parent or a neighborhood riddled with gun violence?

In general, experts working on the issue say a critical ingredient in helping kids heal is ensuring they find and develop healthy relationships.

"All of us want to feel seen, heard, understood, and supported," says Alicia Lieberman, a researcher at the University of California, San Francisco who specializes in early childhood trauma. Involving parents is an essential aspect of treatment, particularly because so many have experienced trauma themselves. "It has to start with an acknowledgment that what happens to you matters."

Researchers have found early success in seemingly simple interventions: Therapists coaching parents by filming and playing back positive interactions with their child. Therapists working with teachers on how to support their students. Key to success, said Pat Levitt, chief scientific officer at Children's Hospital Los Angeles, are quality programs that start early and recognize the role of relationships.

At her clinic, Burke Harris coordinates with a team that wraps a child in care, treating mind and body. When a patient scores high on the adversity scale, she can send them down the hall to a therapist; connect them with classes on meditation, nutrition and exercise; involve the family

in counseling; and aggressively monitor for and treat any physical manifestations.

Most clinics aren't set up for this staff-intensive approach.

Dr. Andria Ruth, a pediatrician with the Santa Barbara Neighborhood Clinics in California, is among those researching how to "treat" adversity within a more traditional doctor's office. Her research team is randomly assigning patients who screen positive for trauma into one of three groups. One group is assigned a navigator who connects the family to services for basic needs, such as food and housing. A second group also sees a behavioral health therapist at their child wellness visits. The third group receives both those services, and gets home family visits from therapists.

Ruth has a healthy skepticism about what's possible, but she and her colleagues are convinced childhood trauma does pose a potent health threat: None of them felt comfortable including a control group that wouldn't receive any services.

In the big picture, these experts say, addressing the fallout of traumatic stress will require a broader paradigm shift, to a system that recognizes that bad behavior can be a physical symptom rather than a moral failing. Governor Newsom has signaled a move in that direction: In January, he said he would transfer the Division of Juvenile Justice out of the Department of Corrections, which runs the state's prison system, and into the Health and Human Services Agency.

Garnering that kind of official backing is a powerful boost, says Jason Gortney, director of innovation at the Children's Home Society of Washington, that state's oldest and largest nonprofit dedicated to child welfare. His organization has lots of programs with promising results, he says, but connecting them to state agencies that aren't used to working together is a challenge.

With Burke Harris crusading from the surgeon general post, Gortney says, he and fellow advocates across the country are hoping California can provide a beacon.

"Maybe California can show some of the other states how to do this," he says. **SDP**

Ms. Barry-Jester is a journalist for Kaiser Health News. This story is published courtesy of Kaiser Health News, where it first appeared.



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UCSD, DEPARTMENT OF PEDIATRICS AND RADY CHILDREN'S HOSPITAL, CLINICAL POSITIONS AVAILABLE: The University of California, San Diego (UCSD) Department of Pediatrics (<http://www-pediatrics.ucsd.edu>), and Rady's Children's Hospital of San Diego (<http://www.rchsd.org>) is seeking clinicians to provide patient care at the Urgent Care Clinics of the Division of Emergency Medicine and Urgent Care. Clinicians should be board certified or board eligible in general pediatrics and have some experience in urgent care. The Urgent care has 5 centers located throughout San Diego County. We have full time and part time clinical positions available and see about 60,000 pts/year. We have a great team of nurses, patient access reps and physicians and are looking for those who can work independently with excellent personal/clinical skills. UC benefits are acknowledged to be among the finest in higher education. As UC Staff, you'll enjoy comprehensive health and welfare plans protecting you and your family, an attractive pension, and optional retirement savings opportunities. Interested persons should contact Katherine M. Konzen, MD, MPH at 858-966-8036. (Posted 2/28/2019)

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us at info@carlsbadimaging.com if this job is of interest to you.

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PRACTICE OPPORTUNITY: Internal Medicine and Family Practice. SharpCare Medical Group, a Sharp HealthCare-affiliated practice, is looking for physicians for our San Diego County practice sites. SharpCare is a primary care, foundation model (employed physicians) practice focused on local community referrals, the Patient Centered Medical Home model, and ease of access for patients. Competitive compensation and benefits package with quality incentives. Bilingual preferred but not required. Board certified or eligible requirement. For more info visit www.sharp.com/sharpcare/ or email interest and CV to glenn.chong@sharp.com.

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MEDICAL SPA AVAILABLE TO LICENSED PHYSICIAN: Southern California | Owner Benefit: \$410,000 | This practice performs cosmetic procedures such as dermal fillers, Botox, and cosmetic laser treatments. The business has strong cashflow and is poised for continued growth. Minimal physician in-clinic time required and patients pay at time of service. Owner is retiring. A strong operations team will remain post acquisition. To see more (video interview with seller, assessment report, financials, etc.) visit: <https://goexio.com/med-spa> and select "Private Access" to sign an electronic NDA. Diligence materials available to qualified buyers only. Prefer a personal touch? Contact Bill Littlefield: (541) 429-2950. bill.littlefield@goexio.com.

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MEDICAL OR DENTAL SPACE AVAILABLE: For lease a medical or dental related practice or business in an office space with other medical offices located in downtown Chula Vista close to Scripps Chula Vista hospital. First floor with ~1000 square feet. Available January 1st. 2 physician/dentist parking spots comes with lease and lease would be until June 4, 2020 or longer should you negotiate with the building manager. Sinks in 3 exam rooms, office space for physician/dentist, bathroom, and laboratory area or additional exam room in addition to lobby/reception area. There is a long term sublease on Fridays, so rent could be lower if you are willing to keep the sublease, but asking: \$2,000/month.

Terms are negotiable. Please contact: dana@sdrheumatology.com | (858) 603-2068.

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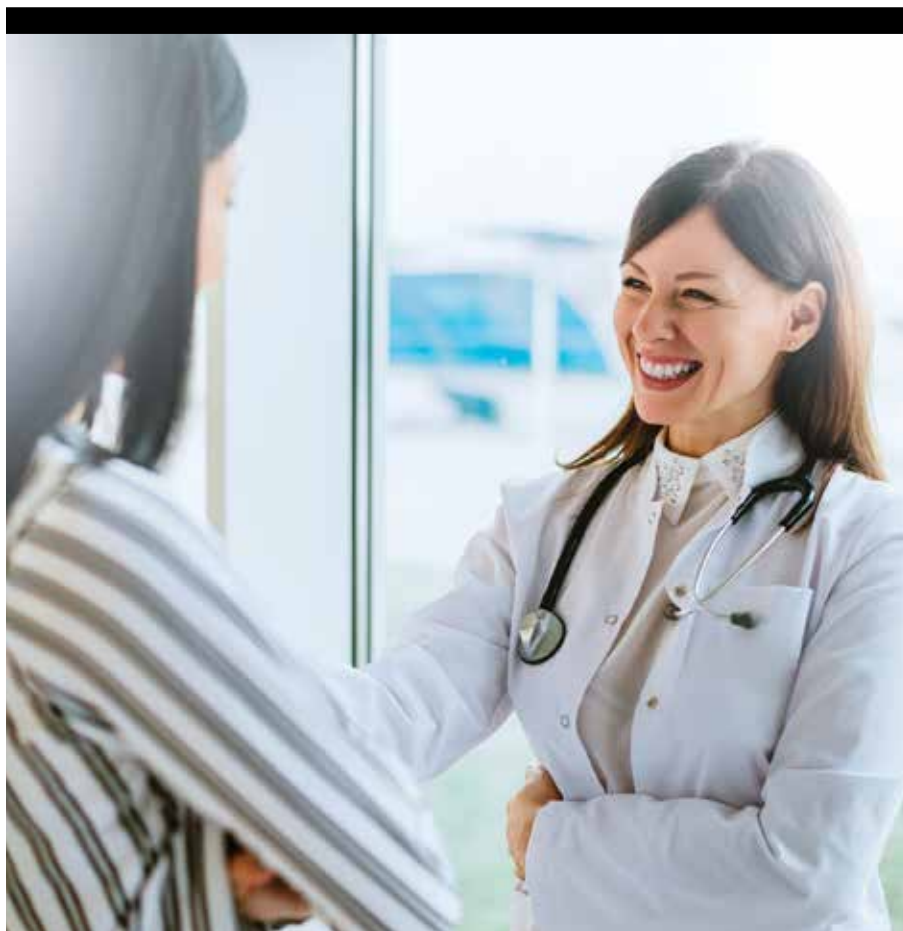
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The Surprising Power of Intention

By Helene Fronek, MD, FACP, FACPh



SURROUNDED BY THE increasingly complex and opaque corporate structure of medicine, physicians feel our autonomy being stripped away. Medical decisions are often overruled by insurance company policies, or handed down by administrators. It leaves us feeling that we have no power to influence our environment. It's crucial that we realize this is an illusion. Through our intentions, we can make significant impacts on our work, the people we interact with, and our own experience.

Recently, a physician shared that the environment in her hospital had become

“toxic.” In discussing this with several colleagues, the group realized they wanted a workplace in which they felt supported and were treated with kindness. They made a pact that they would bring these two attributes — supportiveness and kindness — to every interaction going forward. Within several months, their work culture had shifted so dramatically that they had to pull colleagues who were visiting from other hospitals aside to tell them, “We don't speak with our nurses and colleagues this way.” Their simple intention allowed them to create an environment in which

they were now happy to work.

Intention requires that we understand what we have to offer. Working as a coach has taught me that most people do not appreciate their own contributions or strengths. Each of us has natural abilities — we might be able to quickly assess a situation and determine the foundational issue that needs to change, we might be skilled at fixing technical problems, or we might naturally intuit what would make others feel comfortable or encourage them to share what is on their minds. When we don't identify our strengths, we tend to use them randomly and often fail to appreciate when they might be helpful. In addition, if something comes easily to us, we downplay its importance, believing that “if I can do it, anyone can do it.” Once my clients understand their strengths, they begin to intentionally use them in appropriate situations, improving the situation at hand and also experiencing greater fulfillment in their own lives. We can determine our strengths by asking those we interact with what they most appreciate about us, by reflecting on what people tend to compliment us on, or through assessments such as the Clifton Strengths Finder. By using our natural strengths more intentionally, we can have significantly more impact in everything we do and feel greater agency in our lives.

Finally, each time we approach an activity, we can create an intention. When working with others, we can consensually arrive at an intention for the group. What do we want the impact of our efforts to be on us, on others, on our organization? How must we act if this is our intention? This allows us to use our energy more productively, by focusing on the results we desire. With this practice, intention becomes a surprisingly potent ingredient leading to greater impact on everything we do. We begin to realize we have more power than we thought. **SDP**



Dr. Fronek, SDCMS-CMA member since 2010, is assistant clinical professor of medicine at UC San Diego School of Medicine and a certified physician

development coach who works with physicians to gain more power in their lives and create lives of greater joy. Read her blog at helanefronekmd.com.

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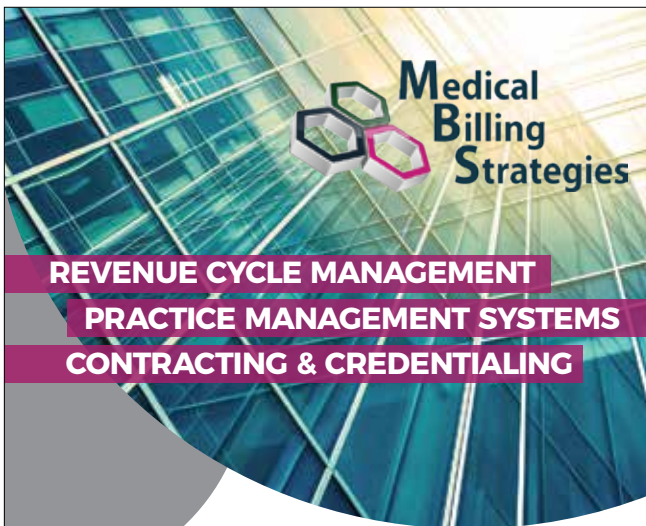
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