



EXECUTIVE FORUM

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FEATURE ARTICLE – BOOK REVIEW

Overtreated

Why Too Much Medicine is Making Us Sicker and Poorer

By Jan Frates

New York Times reviewer David Leonhardt nominated *Overtreated* as the economics book of the year. It's a provocative, carefully researched and well argued critique of our health care system that offers a different approach to health care reform. Shannon Brownlee, a senior fellow at the New America Foundation in Washington, DC, is an award winning medical journalist with publications in leading newspapers and *The Atlantic Monthly*, *The New York Times Magazine*, *The New Republic*, *Slate*, *Time*, *Discover*, and *BusinessWeek*. She holds a master's degree in biology from the University of California.

Brownlee's premise is that over-treatment is to blame not only for high costs but also results in poorer care, citing data from the Institute of Medicine and numerous studies to suggest that between 20-30% of health expenditures (\$500 billion annually) in the US are for care that does nothing to improve health.

Brownlee bases her argument primarily on research done by John Wennberg and Elliot Fisher at Dartmouth College's Institute for Health Policy and Clinical Practice. Beginning in the 1970s, Wennberg studied geographic variations in medical care utilization, and demonstrated that medical practice patterns and the supply of physicians and hospital beds largely explain why people in comparable areas may receive far different care. Fisher extended this work by studying Medicare hospital costs and treatment patterns, and showed that Medicare recipients living in areas where hospital utilization and costs were higher were at slightly higher risk of death than those living in regions where beneficiaries received less care. Today, the Dartmouth Atlas of Health Care (www.dartmouthatlas.org) project continues this important work.

Hospitals, as one might expect, are the focus of considerable criticism, as Brownlee explains the economic pressures to concentrate on highly profitable invasive procedures. Her extensive recap of the many unnecessary cardiac procedures and surgeries at Redding Hospital illustrates how economic incentives can corrupt not just an individual hospital but an entire medical community. Brownlee's "Broken Hearts"

chapter is particularly critical of cardiac care, citing 2007 research from the Veterans Administration suggesting that most elective cardiac procedures are no more effective than medical management with drugs and counseling.

Brownlee's chapters on pharmaceutical company abuses and marketing practices provide little new information. However, her documentation of how drug and medical device companies have become the primary source of information for physicians by funding the majority of research was illuminating – and disturbing. I was most disheartened by the story of the Agency for Health Care Policy and Research, now known as the Agency for Health Care Research and Quality (AHRQ). Created in 1985 to study the effectiveness of medical interventions and develop clinical practice guidelines, the original legislation also called for the agency to recommend what procedures, drugs and devices Medicare and Medicaid should cover. However, when the

(article continued on page 5)

IT'S NOT TOO LATE TO JOIN US

WHA SPEAKER EVENT

Healthcare Trends: Where the Healthcare Industry is Moving

featuring

JIM LOTT, MBA

EVP, Hospital Assn of Southern California

WEDNESDAY, AUGUST 13, 2008

VALLEY PRESBYTERIAN HOSPITAL

VAN NUYS

5:30PM

Contact Michelle at mtui@ca.rr.com for more information

JUNE EVENT

Healthcare Advocacy: A Personal & Public Journey

By Nina Niu-Ok

The audience at the WHA's June 4th Speaker Event at Shriners' Hospital was treated to a presentation that was both a personal story of a parent's struggle to maintain the care of a chronically ill child and an inspiring example of how an individual has the ability make a difference in the seemingly hopeless tangle of the U.S. healthcare system.

Peggy Frank, CEO of Frank PR Worldwide, spoke on the topic of how an individual can become involved in transforming the American healthcare system by combining her personal story with a perspective of a healthcare professional. Peggy began her presentation with the dictionary definition of "advocate" and provided her own list of important characteristics of a healthcare advocate. She also brought up the fact that healthcare advocacy often occurs out of the limelight, unless the advocate has some measure of fame, e.g., Michael J. Fox for Parkinson's disease. So how does the average Jane bring her advocacy to another level?

Peggy's odyssey into healthcare advocacy began with the birth of her second child, Ashley. Ashley was born with a partial deletion of the short arm of chromosome 20; Peggy learned that there was nobody else in the world documented with this deletion, and therefore no one could accurately predict a path of prognosis. After a period of adjustment, Peggy began to pursue the goal of "getting [Ashley] as well as [she] can," and out of necessity Peggy became intimately acquainted with the role of a patient advocate.

Ashley's care involved multiple teams of healthcare professionals across several hospitals in cities all over the U.S. The resulting paperwork was a medical records nightmare as Peggy kept track of mountains of charts, records, labs, medication. Over the years, Peggy became the living medical record for Ashley. Peggy needed a better solution to manage the data, and the fledgling technology of the electronic medical record (EMR) at the turn of the millennium appeared to be the answer to her dilemma. The technology, however, was slow to emerge.

Peggy had the opportunity to meet David Brailer at a conference. David was the head of the bipartisan Commission on Systemic Interoperability (CSI), which Congress created in the Medicare Modernization Act and directed the CSI to create a clear, pragmatic roadmap for federal policy on health IT. After talking to Peggy about her



(L to R) Speaker Peggy Frank and guest Millie Sterz

story, David invited Peggy to testify at a CSI hearing, to give a patient's family's perspective of the necessity of an EMR. Peggy told Ashley's story to the commission in March 2005. The Commission issued its report in October 2005—the report itself is named after Peggy's testimony, "Ending the Document Game."

WHA thanks Peggy Frank for sharing her story and showing the audience that patient advocacy at the personal level could lead to opportunities to do good work in a public forum.

Also at the event, WHA presented the 2008 WHA Scholarship winner Caron Hill her award. The evening concluded with a spotlight on Shriners' Hospital, with interested event attendees taking a tour of the facility, which specializes in orthopedic and burn care for children at no charge. ✦

Come Network with WHA! Next Business Card Brunch

Saturday, September 6, 2008
10:30 am

Barefoot Restaurant
8722 W. Third St.

Space is limited.

RSVP to Michelle at mtui@ca.rr.com

JULY FIRESIDE CHAT

Investment Strategies for Women

By Yvette Chen

Women live longer than men. Therefore, the majority of women will find themselves managing their finances solo at some point in their lifetimes. Given the vast array of investment options available, the task of actively planning for and investing in one's own financial security seems daunting to many women. However, with the right guidance and attitude, investing can be both fun and rewarding. This is a mentality that Amber Mears of Wachovia Securities hoped to instill in the WHA members who attended her workshop that was hosted by Jan Frates in Newport Beach on July 12, 2008.

As Associate Vice President and Financial Advisor for Wachovia Securities, Ms. Mears has been advising women on investment strategies and financial planning for many years. In her experience, women are great at setting goals and asking questions but are often too emotional and conservative when it comes to investing their hard-earned money, which ultimately limits their financial growth. Many risk-averse women often prefer to settle for the comforts of cash reserves. However, according to Ms. Mears, unless you are five or fewer years from retirement, equity and stock should be a large part of your financial portfolio. Ms. Mears strongly encourages women to keep buying into the market and not to be deterred by media reports that often characterize economic situations as risks rather than opportunities (to buy stock at discounted prices).

Ms. Mears provided this advice on investing:

- Invest in your company-sponsored plan. At a minimum, invest as much as your company will match.
- Invest in an IRA, either Roth or traditional.
- Keep a budget. By tracking your spending, you will find places to cut.
- Make a financial plan!
- Keep an emergency cash reserve to cover 3-6 months' of your living expenses.
- Bottom line: Keep shoveling money into the market! Invest in companies that you know, that you like, to whom you give business.

Some other tips:

A big "Thank you!" to Jan Frates for opening up her beautiful home to fellow WHA members!



(L to R) Marianne Guevarra, hostess Jan Frates, speaker Amber Mears, Sandar Aung

- Consider a trust instead of a will for estate planning, as you can specify more in a trust (i.e. durable power of attorney, healthcare directives) and your heirs may not have to deal with the legal system as much as when executing a will.
- When choosing between saving for your child's education and your retirement, save for your retirement. There are many ways to pay for education (i.e. loans, grants), but there is only one way to save for retirement (i.e. your savings).
- Be wary of credit card use. If you don't have the cash in your account don't make the purchase.

Thanks to Ms. Mears' ability to relate and speak to WHA members' needs, attendees left the workshop feeling empowered to take control of their financial destinies and to begin shopping at an unfamiliar place for many – the stock market. ❀

SPONSOR SPOTLIGHT ARTICLE**Improving Personal Fitness: Striving for Failure***By Jeff Nicholson, Nicholson Fitness*

Most would consider it odd to suggest that you should strive to achieve failure. Few people are interested in *accidental* failure, much less actually *trying* to fail. Failure in our success-oriented culture is rarely viewed in a positive light. But I believe that striving for failure is a paradigm shift that can completely change your outlook toward lifting weights at the gym. By “failure,” I mean reaching the point in your weight-lifting exercise in which you literally cannot do another repetition without help from a partner or trainer. And that means lifting heavier weights than most people are used to.

When people learn that I am a personal trainer they often tell me about their workout routines. To explain why they do or do not lift weights, I hear phrases like “I want to get toned” or “I don’t want to get bulky.” The latter view is usually from women who are already sold on the importance of exercise, but fear that a few strength-training sessions using heavy weights will cause them to look like the models in a body building magazine.

Truth be told, I would like to look a lot more like those models, and I wish that a couple of heavy weight-training sessions a week would actually cause that to happen. The fact is that only about half of all men have the physical characteristics to significantly increase the size of their muscles with weight training alone (i.e. without the use of steroids), and the likelihood that a woman can start an intense workout routine and significantly increase her muscle size (bulk up) is even lower.¹

Even if you don’t strive for muscle failure, adding muscle to your frame is very valuable. Muscle is the most metabolically active part of your body. By increasing your muscle mass you increase your daily expenditure of calories.² That’s correct: once you add muscle, you burn more calories even when you don’t work out. Also, once you increase your muscle mass, you will find that muscle is extremely compact and strength training often leads to a reduction in the circumference of your torso and limbs.

Let’s consider the alternative. The average American loses a half a pound of muscle per year after the age of 25.³ That means that even if you maintain the same weight over time, without weight-training your body composition will shift and contain less lean tissue as you age. If your weight-lifting routine simply allows you to keep the muscle you have, you are at a great advantage.

But lifting until you fail is even better. Simply put, the only way to ensure that you use every muscle fiber available is to lift a particular weight until you fail in your attempts to keep going. This is because muscles fire in groups, and your

Nicholson Fitness

At Nicholson Fitness, we recognize that our clients are not simply bodies in need of physical activity, but are whole people, encompassing body, mind and spirit. Therefore, as we work with clients to improve their physical fitness, we also challenge them to become more aware of all the ways in which the spiritual and mental aspects of their person affect, and are affected by, their physical well-being.

brain only asks for enough muscle to perform your exercise and reserves those that are unnecessary for another time. So, if you perform many sets of light resistance but are able to keep going indefinitely, you will never use all the muscle cells of that particular muscle group.

Consequently, the most effective and efficient way to get strong and maybe even increase your muscle mass is to perform an exercise to failure.⁴ One set to failure for each muscle group twice a week is an excellent way to start your routine and may take as little as an hour to perform. So go ahead, pick up large weights and strive to achieve muscle failure every time you are at the gym. There is nothing to fear and everything to gain.

Don’t get me wrong. I am not advocating that you do anything that might cause injury. You must slowly build up the weight that you use. A five percent increase of the weight that you exercise with each week until you reach failure with good form in ten repetitions or less is a good way to start. If you are not familiar with the weight machines in your gym, or aren’t sure how to use free weights correctly, you should find a trainer with proper certification to aid your quest for injury-free strength improvement.

Striving for failure in weight training will improve your body composition, and will increase your bone density, aerobic capacity and metabolism. Don’t let our culture’s single-minded devotion to success cause you to miss the paradigm shift. Strive to be a failure in the weight room and reap the rewards! ❏

Jeff Nicholson is a Certified Personal Trainer, Certified Strength and Conditioning Coach and owner of Nicholson Fitness. You can contact him at jeff@nicholsonfitness.com.

¹ Thomas R. Baechle, *Essentials of Strength Training and Conditioning: Human Kinetics*, 1994 page 159.

² Douglas S. Brooks, *Program Design for Personal Trainers: Human Kinetics*, 1997 page 116.

³ www.kdheks.gov/brfss/PDF/OVERWT.pdf

⁴ *Ibid* page 126.

FEATURE ARTICLE (CONT'D FROM FRONT PAGE)**... Overtreated**

expert panel recommended nonsurgical treatment for most lower back pain, orthopedic surgeons and manufacturers of spinal fusion surgery devices orchestrated a 1994 lobbying campaign that resulted in a 25% budget cut, a new name, and removal of the agency's authority to recommend payment decisions.

Although most of the book is devoted to documenting and explaining the problem, Brownlee does offer some solutions. She favors integrated delivery systems such as the Veterans Health Administration, Kaiser Permanente, the Mayo Clinic and Intermountain Health Care. She proposes a reform strategy called "CARE": coordination, accountability, electronic medical records and evidence. By far the most important is evidence, which Brownlee contends must be done by an objective agency; thus she argues for a greatly expanded role and budget for the AHRQ. She also urges more widespread use of patient decision aids detailing

the risks, benefits and uncertainties of available treatment options, citing clinical trials research showing that use of such aids results in a 25% overall decline in demand for surgery.

Dr. Norman Hadler, reviewing *Overtreated* for *JAMA*, states, "We already have the data to eliminate what is 'overtreatment.' All we need to do is rein this in by demanding a meaningful degree of effectiveness before we are willing to underwrite any treatment." Here, I believe, is the fundamental challenge for achieving cost control: Patients must be informed, and payers must be allowed, to demand this effectiveness. ☒

Janice Frates, Ph.D., is a professor in the Health Care Administration Program at California State University Long Beach and longtime WHA member.

Call for Nominations: 2009 Board of Directors

The election for the WHA Board of Directors will take place in a few months. If you are interested in joining the Board, or if you would like to nominate another member to the Board, please send an email to Judy Vaccaro, Nominating Committee Chair, at tvaccaro1@socal.rr.com.

HFMA 18th Annual Fall Conference

September 14-16, 2008
Hyatt Regency, Newport Beach, CA

The Northern and Southern HFMA Chapters invite WHA members to register for their Fall Conference taking place in Newport Beach, CA, from September 14-16, 2008. WHA is a co-sponsoring organization of the conference—WHA members may register at the HFMA member rate.

For more information regarding the conference and registration, please visit www.hfma-cafallconf.org

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