

# PHYSICIANS FOR A NATIONAL HEALTH PROGRAM ANNUAL MEETING 2018

## Workshop Descriptions

### Reproductive health: The third rail of health care

As we move toward Medicare for All, advocates must consider the unique challenges of providing reproductive health in a government-funded system. Since the 1970s, the federal government has restricted access to contraception and abortion in a myriad of ways, most powerfully through the Hyde Amendment. This workshop will review the history of reproductive health barriers, and explain the current and proposed federal and state regulations which impact reproductive health options for patients on public health programs.

**Panna Lossy, MD**, is a family physician. She leads outpatient women's health for the Sutter Santa Rosa Family Medicine Residency. **Norma Jo Waxman, MD**, is a clinical associate professor of family and community medicine at UCSF and speaks frequently on primary care issues, reproductive health, and women's health.

### Policy pitfalls: Faux single-payer plans and legislation deficiencies

A majority of Americans (and their doctors) support Medicare-for-all. But instead of "real" single payer, many lawmakers and think tanks have proposed watered-down, incremental approaches to health reform with confusing names like "Medicare X" or "Medicare Extra for All". This workshop will explore why plans promoted as "politically feasible" and "less disruptive" than single-payer bills like H.R. 676 omit critical cost- and quality-control elements, such as global budgets and the exclusion of for-profit providers.

**David Himmelstein, MD**, is distinguished professor in the CUNY School of Public Health at Hunter College, a lecturer in medicine at Harvard Medical School, and co-founder of PNHP. **Adam Gaffney, MD**, is an attending physician in pulmonary and critical care medicine at Cambridge Health Alliance, an instructor in medicine at Harvard Medical School, and president-elect of PNHP.

### Long-term care coverage: Federal and state initiatives

The lack of access to public long-term services and supports (LTSS) coverage beyond Medicaid for most seniors and individuals with disabilities is a growing crisis in the U.S. Medicare and Medicaid programs have been targeted for cutbacks since the 2013 repeal of the Class Act requiring mandatory public LTSS insurance. This workshop will discuss the need for LTSS, efforts to include LTSS in single-payer proposals, and state efforts to cover LTSS (such as in California).

**Charlene Harrington, PhD, RN**, is a professor emerita at the University of California San Francisco who has long advocated for expanding LTSS to the population. **Jedd Hampton, MPA**, is Director of Policy – Health Services at LeadingAge California. He is active in a California initiative to provide a LTSS cash benefit for the population.

### Physician burnout

Physician burnout takes many forms: depression, fatigue, increased cynicism, and decreased enthusiasm for the work. Many experts focus on individualized solutions, such as yoga and meditation, but ignore the structural issues facing our profession and health care as a whole in the U.S. In this workshop, instead of asking what individuals could do differently to avoid burnout, we explore the economic conditions that create professional strain for providers.

**Gordy Schiff, MD**, is associate director of the Center for Patient Safety Research and Practice at Brigham and Women's Hospital in Boston and associate professor of medicine at Harvard Medical School. **Anna Darby, MD, MPH**, is a third-year emergency medicine resident at Los Angeles County Hospital-University of Southern California. **Scott Goldberg, MD** is a third-year internal medicine-primary care resident at UCSF. **Leo Eisenstein** is a fourth-year medical student at Harvard Medical School.

### Treating overtreatment

Rates of health care utilization can vary substantially across the U.S. While utilization rates are substantially higher in the U.S. compared to most other nations, our health outcomes are no better -- and in some cases worse -- than countries with lower utilization rates. Overtreatment not only wastes resources, but it also can adversely impact health outcomes. In this seminar, we will discuss the drivers of overtreatment, and why a single-payer system could help us tackle the problem of inappropriate care.

**Michael Hochman, MD, MPH**, directs the Gehr Center for Health Systems Science at the Keck School of Medicine and co-edits the blog "Updates in Slow Medicine" ([slowmedupdates.com](http://slowmedupdates.com)).

### Immigrant health

Immigrants are a vulnerable population who experience disparities in health care access and quality. Immigrants face poor health outcomes due to their socioeconomic background, legal status, language barriers, stigma, and policies that limit access to publicly funded health care. In this workshop, we will answer questions about facilitating access to quality health care across language and cultural differences, as well as understanding and addressing the current policy climate affecting immigrant communities nationwide.

**Altaf Saadi, MD, MSHPM**, is a health sciences clinical instructor of medicine and fellow at the National Clinician Scholars Program at University of California Los Angeles. **Nicte I. Mejia, MD, MPH**, is an assistant professor of neurology at Harvard Medical School and director of neurology community health, diversity, and inclusion at Massachusetts General Hospital.

## **Building a feminist, multi-racial, pro-immigrant movement for single payer: Why and how?**

Winning single payer requires that the communities hardest hit by health care injustices are fully involved in winning changes and developing solutions. However, low-income people, immigrants, people of color, women and trans people, and people with disabilities and chronic diseases (among others), often struggle to survive and can't easily jump into organizing. This workshop will explore strategies to organize in, support, and follow the leadership of under-represented communities. We will share stories, lessons, and strategies to combat sexism, racism, and xenophobia by building diverse leadership and coalitions for single payer health care.

**Roona Ray, MD, MPH**, is a family physician and board member of the PNHP-NY Metro chapter. She organizes a people of color and immigrant caucus within the Campaign for NY Health, the New York state campaign for single payer. **Althea White** is an MSS-PA student at the Lewis Katz School of Medicine at Temple University and a member of Students for a National Health Program (SNaHP).

## **What went wrong with health care? Commercialization, managerialism, and corruption**

The increasing power of for-profit hospital systems, provider organizations, and health insurance companies (and non-profits run like them) results in rising costs, difficult access, and threatened quality. Simultaneously, the already for-profit pharmaceutical, device, and biotechnology sectors have become even more concentrated. Physicians have become employees rather than private professional practitioners, and patients have become consumers and revenue sources. Health care systems are now led by professional managers who often have little sympathy for the values and on-the-ground decisions of health care professionals, with the shareholder value doctrine fueling a rise in corruption. We will discuss the causes of these trends, summarize the evidence in support of our thesis, and lead a discussion of possible solutions.

**Roy M. Poses, MD**, is clinical associate professor of medicine at the Alpert Medical School of Brown University, chief blogger at Health Care Renewal (<http://hcrenewal.blogspot.com>), and president of the Foundation for Integrity and Responsibility in Medicine. **Wally R. Smith, MD**, is the Florence Neal Cooper Smith Professor of Medicine and vice-chair for research of the Division of General Internal Medicine at Virginia Commonwealth University, and vice president of the Foundation for Integrity and Responsibility in Medicine.

## **Lessons from California for state-based single-payer**

California is one of several states on the forefront of advancing state single-payer legislation, passing SB 562 out of the state Senate, only to see it stall in the state Assembly. In this workshop, two leaders of the movement for single payer in California will discuss the challenges to advancing state legislation, opportunities for the future, and lessons for other states considering such legislation.

**Paul Song, MD**, is a national board member of Physicians for a National Health Program, president of PNHP California, and co-chair of the Campaign for a Healthy California. **Bonnie Castillo, RN**, is executive director of the California Nurses Association and National Nurses United.

## **Medicare-for-all in the House and Senate**

This workshop will consider the current status of single-payer legislation in Congress, as well as prospects for the future. Federal Medicare-for-all efforts gained momentum in 2018 by building on the record number of co-sponsors signed onto H.R. 676 in the House and S.1804 in the Senate. The creation of the Medicare-for-All Caucus, with 80 members already on board, further invigorated efforts on the Hill.

**Alex Lawson** is the executive director of Social Security Works. **Eagan Kemp** is the health care policy advocate in Public Citizen's Congress Watch division.

## **Attacks on the Veterans Administration**

The nation's only publicly funded, fully integrated national health care system is currently under attack from the Trump administration, as well as Congressional Republicans and too many Democrats. This workshop will explain why the care delivered at the Veterans Health Administration is equal or superior to that in the private sector; the special needs of veteran patients; and the high stakes involved in the movement to save the VHA. It will also explore why single-payer advocates should join the fight to save the VHA.

**Suzanne Gordon** is a health care journalist and author of "Wounds of War: How the VA Delivers Health, Healing and Hope to the Nation's Veterans," and "The Battle for Veterans Healthcare: Dispatches from the Frontlines of Policy Making and Patient Care." She is a senior policy fellow at the Veterans Healthcare Policy Institute. **Kenneth Engelhart, MD**, was the clinical chief for general internal medicine at the Minneapolis VA Medical Center from 2008 to 2017. Prior to working at the VA he practiced in private sector medicine for 25 years.