

## Interview with Dr. James Beggs

*James Beggs, MD, a member of Acumentra Health's Board of Trustees since 1990, was recently installed as chair of the Board. Dr. Beggs is board certified in family medicine and is a Fellow of the American Academy of Family Physicians. Raised in Montana and Minnesota, he was a Peace Corps volunteer in Samoa between college and his medical education at the University of Minnesota.*

*Dr. Beggs practiced family medicine in Klamath Falls from 1986 through 2003, when he became medical director of Cascade Comprehensive Care, the local Medicaid plan. He is also medical director of four local alcohol and drug treatment facilities and works two days a week in the Sky Lakes Medical Center's occupational health clinic.*

*Dr. Beggs has been active in the Oregon and Montana chapters of the American Academy of Family Physicians. He is especially interested in the potential for improving efficiency and quality of local health care through assistance to providers in using electronic health records. He discussed that and other issues with Acumentra Health senior writer Greg Martin in the interview transcribed below.*

1. *You've been involved for many years "on the ground" in rural family practice, first in Montana and now in Oregon. What challenges have you faced as a practitioner in rural areas and what rewards have you derived?*

Probably the greatest challenge is balancing one's life. Most of us physicians love to be needed, and in a rural small town, especially in a solo situation, one is! This can exert enormous pressure to be available 24/7, which can limit time and quality of interaction with one's family. Vacations become rarer, shorter, and often laden with guilt about leaving sensitive patients. Lack of immediate access to high-tech diagnostics may be a barrier for newer physicians, but that's highly overrated. Most of what we learn about our patients' conditions comes from talking to them, and most of the remainder from observing and examining them.

One of the rewards is being an integral part of the life of the community and of the families and individual lives that make it up. It is too easy in larger communities (and I would include Klamath Falls) to lose the sense of community and sharing that makes human existence meaningful. Modern life tends to isolate us more and more—a proven health risk.

2. *What policy changes or interventions are needed to support rural providers and improve access to care for rural residents?*

All of the basics for medical care cost more in rural areas. The population is generally older and poorer, which makes reimbursement lower. Recognizing these two facts, both federal and state policies need to provide higher reimbursement levels. Along with this, we need better connectivity with other physicians to prevent professional isolation. Improved educational opportunities, with practice coverage to allow in-person attendance at educational meetings, would be a big help as well.

3. *You've mentioned your commitment to the goal of providing affordable quality health care for all, and your belief that "the waste inherent in our current non-system" could fund good care for those now uninsured. Have you followed the issues that the Oregon Health Fund Board is considering, and do you have any recommendations of your own as to how to restructure the delivery system to achieve universal coverage?*

I've certainly followed and applauded the efforts of the many dedicated Oregonians who are making this a reality. Probably the biggest change will have to come in public education. In a consumer society, we are generally encouraged to believe that more is better and you get what you pay for. There is an abundance of data showing that less expensive, less invasive care is often at least as good. With larger copayments, many of our patients are learning that in the vast majority of cases, generic drugs work at least as well as the heavily advertised, very expensive new drugs. That is a start.

4. *In what you call the current "non-system," how can we generate savings that will make it possible to expand coverage for the uninsured within fiscal restraints?*

With better coordination of healthcare services and reliance on evidence-based medicine, there could be far less duplication of expensive diagnostic studies, and we could eliminate many that are unlikely to provide any useful information. Procedures or supplies of limited benefit could be priced or insured in such a way that the system contributed little or nothing toward their purchase. Also, it would be nice if everyone's insurance premiums could be "rated" based on their personal self-destructive behaviors. For example, it would be presumptuous of me to expect everyone else in my insurance pool to pay for the increased costs associated with my smoking or motorcycle riding.

5. *As medical director of Cascade Comprehensive Care, you're a champion of the coverage provided by the Oregon Health Plan, and of managed care in general. How has the OHP benefited the population in your service area?*

The OHP has had an amazing impact. Several years ago, we looked at how many unique individual patients had been covered by our little plan in its first 10 years. Surprisingly, the number was over 60 percent of the population of our somewhat isolated and stable basin. That's a lot of our neighbors, most of whom needed our services for a relatively short time. The monthly turnover on our plan was 10 percent when the OHP Standard population was fully funded. In many cases, those folks would not have been able to find a doctor and would have used the hospital emergency room for basic care—at huge expense.

6. *How can QI organizations like Acumentra Health help health plans and providers improve the process and quality of care in rural areas and elsewhere?*

Acumentra Health does a great job of helping hospitals and providers incorporate the important life- and health-saving practices that come down the evidence-based medicine pipeline. Besides reminding us of new ways to do things, Acumentra Health helps to spread the "best practices" of providers who have successfully incorporated the changes needed. We need more of the above, especially in rural areas.

7. *In what ways can implementing electronic medical and community health records improve the efficiency and quality of local health care?*

Health information technology can help ensure that only the right care gets done at the right time and in the right place. Patient registries for chronic diseases, flags to remind patients about needed immunizations and other interventions, and drug lists that will prevent dangerous drug combinations will be of enormous benefit. Of course, habits will need to change.

8. *What barriers to widespread implementation need to be overcome, and what types of assistance will local providers and communities need in that effort?*

The greatest immediate barrier is cost. Since most of the cost must currently be shouldered by practicing physicians, progress is slow as their reimbursement trends down and their costs trend up. Inertia is probably the next greatest barrier. It is easier to not change. There are understandable concerns about privacy, though most of that seems to be institutional rather than personal. Folks don't want their health history available to potential future insurers or employers or even to the government. This concern could largely be eliminated by providing universal insurance that at least functioned like a single payer. And I'm not sure that the government can't already easily find out anything it wants about each of us.