



## *Principles for a Healthy California*

In 2002, as Los Angeles County faced a fiscal crisis that threatened to result in a catastrophic loss of health services, representatives of 41 ethnic physician organizations spoke for the first time, in one voice, to advocate on behalf of their communities. Leaders from the Chinese, Peruvian, Vietnamese, Latino, East Indian, Filipino, Korean, and African American medical associations coalesced around a unified message. No longer would ethnic physicians allow critical decisions that impact the health of their communities to be made without ethnic physicians at the table. The Network of Ethnic Physician Organization (NEPO) was set in motion. Since that time, ethnic physician organizations have worked together to develop a joint agenda to impact healthcare in California.

Through its mission NEPO creates an empowered, unified voice of ethnic physician organizations that promote diversity, access, and quality in healthcare. Its vision incorporates strategies that will result in optimal wellness and equality in healthcare for all Californians. These concepts are central to NEPO's philosophic approach to improve the health of California's ethnic communities. We believe that by developing strategies that focus on strengthening healthcare for California's most vulnerable, healthcare for all Californians will improve.

The following is a list of principles that NEPO believes should be included in any plan to improve California's healthcare system. In developing these principles NEPO has consulted with community based health advocacy organizations as well as other colleagues in medicine. This list represents what NEPO believes are best practices in developing a healthy California.

### Principles for a Healthy California

1. Health care is a human right. Quality healthcare must be provided regardless of ethnicity, residency, citizenship, and employment status. Healthcare should not be relegated to those who have financial means and overlooked for those who do not. Therefore, every effort should be made to promote health and wellness in our society by making healthcare available to all.
2. Healthcare must be affordable and accessible for all Californians. Regular and timely access to health care is essential to promoting good health outcomes. However, for many Californians, health insurance is not available or is too costly. California's system of care must provide access to healthcare to all its residents, whether through insurance or some other means. Making healthcare affordable and accessible is the shared responsibility of all Californians: employers, healthcare providers, insurance companies, the state, and consumers. We must all sacrifice to benefit from access to affordable care.
3. A relationship between a physician and patient is essential to promoting good health and wellness. It is a NEPO priority to maintain the ability of a patient to see a physician when they need to. There have been a growing number of efforts to expand the scope of practice of nurse practitioners, physician assistants, and other non-physician health care providers. Unfortunately, many of these efforts have been proposed in the context of cost-savings. While physicians rely on and value their non-physician colleagues, NEPO believes it is important to maintain appropriate physician supervision. NEPO recognizes that California must address its growing physician shortage; but compromising quality of care and access to physician services in underserved communities is not a justifiable strategy. NEPO supports the policies of the California Medical Association to preserve the right of every Californian to have access to a physician when they need one.
4. The high cost of health care is driven by excessive health insurance plan profits and administrative costs. By limiting these costs and reducing the administrative burden, physicians and patients can work together to improve patients' overall health. Therefore plans to reform California's healthcare system must include a plan to efficiently use limited resources.

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5. Health coverage should include a comprehensive set of benefits. NEPO agrees with its colleagues at the California Pan Ethnic Health Network and the Asian Pacific Islander American Health Forum that affordable health coverage should include comprehensive benefits such as coverage for preventive care, vision, oral health, mental health, and substance abuse treatment. Comprehensive care must be provided for everyone, including children, the aged, and disabled, chronically ill, and homeless persons. The basic level of service should provide health promotion and preventive services, and primary care for each individual. Health must be viewed in a broader socioeconomic context that addresses how a community's health status is affected by poverty, unemployment, discrimination, housing, and education, among other factors.
6. Our society must recognize that the medical model alone will not eliminate the health disparities currently experienced by California's ethnic communities. Healthcare must be rendered utilizing culturally relevant and linguistically appropriate approaches, while taking into account the socioeconomic context of the patient being served. Therefore change in social policy must also accompany change in healthcare reform.
7. A variety of healthcare settings should be available to all patients. NEPO, again, agrees with the California Pan Ethnic Health Network and the Asian Pacific Islander American Health Forum that community clinics, including migrant, rural, and urban clinics, Indian Health Services, tribal/urban operated facilities, and public health entities must be protected, promoted, and recognized as an integral part of the health care system. Solo and small group practice physicians provide primary care in the heart of underserved communities and play a vital role in sustaining the health and well-being of the community. Their contributions should be promoted, protected and recognized as well. The number of physicians serving these communities is on the decline, adding to the loss of access to affordable healthcare. Efforts must be made to preserve this valuable source of healthcare.
8. Public programs must be adequately funded. The Network of Ethnic Physician Organizations supports the efforts of the California Medical Association to advocate for fair payment for Medi-Cal providers. Severe under funding of Medi-Cal has not only threatened access to care for California's low income, elderly and disabled, but burdens the entire health care system. Low reimbursement has forced many physicians out of the Medi-Cal program. As a result, a physician shortage exists making it more difficult for Medi-Cal patients to obtain timely access to care, and increasing the likelihood of poor health outcomes. Low reimbursement rates compromise quality of care and increases pressure on Emergency Rooms resulting in higher costs. Health reform must include fair payment for Medi-Cal providers.
9. Initiatives to increase quality and reduce cost should not limit care or create unintended consequences. NEPO is concerned that the proposed Medi-Cal increases would only be available to providers who meet certain pay-for-performance, IT and cost-containment requirements. These requirements do not take into account the cultural, linguistic, and socioeconomic challenges faced by ethnic communities and the physicians committed to serving them. As proposed, these long-overdue Medi-Cal rate reforms will result in bias and will not support the efforts of those who provide care to medically complex, socially and economically burdened communities.

The Network of Ethnic Physician Organizations is available to discuss any of the above principles.

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