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WITH LIBERTY AND JUSTICE FOR ALL

DESPITE SETBACKS, DOCTOR WHO FLED IRAN IN YOUTH BELIEVES BABY-CARE LAW CAN BECOME FAIR IN CALIFORNIA

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Memo: Susan Estrich is a law professor at the University of Southern California. Her columns are available at the Creators Syndicate Web page at www.creators.com.

Illustration: photo

HIS physician father discouraged **Pejman Salimpour**, growing up in Iran under the shah, from dreams of becoming lawyer, explaining that Jews didn't get very far in legal careers in Iran.

At 16, with just the clothes on his back, **Salimpour** left Iran on the last commercial flight before the revolution. A year later, he was in college, ultimately graduating from University of California, Los Angeles and from medical school at Washington University in St. Louis, then entering private practice in pediatrics. That's when his legal education began.

What **Salimpour** discovered was that being a good doctor and building a team of highly trained specialists was not enough. Establishing arrangements with managed-care providers and insurance companies was not enough. Winning the trust and loyalty of patients and being available to them at all hours when mothers give birth were not enough.

Hospitals routinely bar patients from seeing their doctors and doctors from seeing their patients under exclusive contracts that have become an increasingly common aspect of medicine in California and throughout the nation.

Salimpour developed an integrated practice that included perinatologists who treat high-risk pregnancies and neonatologists who treat the sickest newborns, as well as pediatricians. Then he was told by one of the biggest hospitals where he practiced, Providence Saint Joseph Medical Center in Burbank, that the doctors in his group would not be permitted to see any patients in the neonatal intensive care unit of the hospital.

Pediatrics, yes; neonatology, no.

He tells me stories of his beeper's going off in the middle of the night to let him know that a patient has delivered her baby, and a doctor from his group has arrived and begun treatment, then been told to leave the baby's side while the mother looks on helplessly.

There had to be a law against arrangements that violate a patient's right to choose her doctor and a doctor's duty to treat his patients. As it turns out, **Salimpour** found one. State law in California, as in other states, specifically bars hospitals that treat Medi-Cal patients from entering into exclusive contracts with physician groups in any areas other than pathology, radiology and anesthesiology. No mention of neonatology.

He wrote letters. He made phone calls that were not returned and arranged meetings that were canceled at the last minute. He got nowhere.

So he went to Sacramento, the state capital, to try to force the state to enforce the law. Under pressure from the state, the hospital decided that members of **Salimpour's** group would henceforth be allowed to see Medi-Cal patients in the neonatal intensive care unit, but not patients covered by other forms of insurance. Cards would have to be checked before doctors would be permitted to treat babies.

Salimpour decided that the state needed a new law and that he would sponsor it.

In the spring of 1998, he met a representative of the California Nurses Association who became his partner in the crusade. He hired a lobbyist to help him write a bill and a lawyer to file an antitrust lawsuit. He recruited groups of doctors and nurses to join with him as sponsors.

I spoke to him the day after he returned from another marathon visit to Sacramento, going from office to office, explaining to anyone who would listen why exclusive contracts are not necessary to ensure coverage and quality.

Coverage, he emphasizes for what must be the thousandth time, can easily be provided by nonexclusive arrangements with physicians' groups. Indeed, what distinguishes the areas where exclusive contracts are common, like neonatology, and the areas where they are rare, like cardiology, are not the demands of coverage, but the accidents of history. Neonatology is a relatively new specialty, while cardiology is an old one. Exclusive contracts are more prevalent for new specialties.

As for quality of care, exclusive contracts are, if anything, inconsistent with high-quality care, not only because they limit access and choice, but also because they leave no one but a doctor's partners to engage in the peer review, which is how the medical profession assures quality care.

Salimpour's major opponents were the hospital operators, who were planning to push their own parallel bill but failed to get the votes this week. The hospitals are traditionally major players in funding the campaigns of state Assembly members and state senators, while **Salimpour**, to avoid any appearance of conflict of interest, has not given the members of legislative committees any money.

I asked my research assistants to try to find out how much money the hospitals have actually donated to committee members, but dozens of phone calls later they were still hitting brick walls.

Salimpour's critics have accused him of being in this fight for the money. He doesn't apologize. He believes his medical group can provide high-quality care at reasonable costs, which is why he is trying to get his foot in the door. And that is more than he could have done in his native country. His father was right about that.

Whatever happens, **Salimpour** says he will keep fighting, and he is grateful for the chance to do so. "In any other country, they would have taken me to a back alley, shot me and been done with it. Here, you can make the system work."

Caption: Photo: From Encino, **Dr. Pejman Salimpour** is fighting against restrictive hospital contracts.