VOLUME 2 ISSUE 1 SPRING 2010

PRIVATE HEALTH

CARE WITHOUT COMPROMISE

CARE COMMUNIQUÉ

EXTRAORDINARY CIRCUMSTANCES CALL FOR EXTRAORDINARY RESOURCES

You, a loved one, a friend, a colleague or a client just received a shattering diagnosis. Cancer. A heart problem. Parkinson's disease. Or despite months or even years of treatment, a severe ongoing condition isn't improving. You want the best care possible. But how do you ensure you'll get it?

"Your primary care physician may be one of the finest in the world, but that doesn't mean that his business model will enable him to deliver the very best care under extraordinary circumstances," says Leslie D. Michelson, CEO of Private Health Management.

According to Michelson, the problem begins with the customary referral process. Primary Care Physicians typically refer their patients to a specialist or sub-specialist he or she knows well – usually, someone associated with their hospital or *See Resources Page 3*

HOW READY ARE YOU?

The recent devastating earthquakes in Haiti and Chile underscore the need for all of us to be ready when a natural disaster hits. An earthquake can strike almost anywhere in the U.S. In fact, 39 of the 50 states – including New York and Tennessee – have moderate to high seismic hazard risk.

Those of us who were raised in earthquake prone regions were taught to "duck and cover" when the earth starts to shake. But according to Doug Copp, the Rescue Chief and Disaster Manager of the American Rescue Team International (ARTI), that advice may be overly simplistic.

Copp, who has crawled inside 875 collapsed buildings, says that it's smarter to hide next to a large object, than under it. That's *See Ready Page 2*

Ready Cont'd

because when a building collapses, the weight of the ceiling will crush the furniture below, along with anyone hiding under it. But a triangular void will be formed next to the crushed furniture. Copp calls these spaces the "triangle of life."

MORE COPP TIPS
FOR EARTHQUAKE SAFETY

1. Cats, dogs and babies often naturally curl up in the fetal position. You should too, because it will give you the best chance to survive in a smaller void. Get next to an object, next to a sofa, next to a large bulky object that will compress slightly but leave a void next to it.

2. If you are in bed and an earthquake occurs, simply roll off the bed. A safe void will exist around the bed.

3. Most everyone who gets under a doorway when buildings collapse is killed. Why? If you stand under a doorway and the doorjamb falls forward or backward you will be crushed by the ceiling above. If the door jam falls sideways you will be cut in half by the doorway.

4. If you're in a high-rise building, don't use the stairs to escape. Stairways swing separately from the main part of a building and are very prone to structural failure. Even if the building doesn't collapse, the stairs are likely to be damaged, and collapse when overloaded by fleeing people.

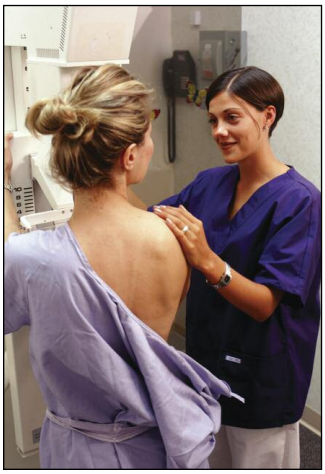
5. Get yourself near the outer walls of the building. The farther inside you are from the outside perimeter of the building the greater the probability that your escape route will be blocked.

For more advice about how to prepare for emergencies, Private Health recommends http://72hours.org, an excellent web site operated by the City and County of San Francisco.

BREAST AND PROSTATE CANCER

TO SCREEN OR NOT TO SCREEN: WHAT GUIDELINES REALLY MEAN

By Shira Berman, Vice President/Medical Communications, Private Health Management



In November 2009, the United States Preventive Services Task Force updated their guidelines on the use of mammograms to screen for breast cancer and *recommended against routine screening in women under age 50.* This recommendation runs counter to that of the American Cancer Society (ACS) and many other health organizations, who continue to recommend routine screening in women over age 40.

In March 2010, the ACS changed the position it had held for many years about prostate cancer PSA screening and *recommended against routine screening altogether.*

Prostate cancer and breast cancer are the most commonly diagnosed cancers in men and women, respectively; nearly 400,000 new cases were diagnosed in 2009 alone. Considering how many people are affected by these diseases, why is there *See Screen Page 4*

Resources Cont'd

medical group. That's where Michelson says the process may fail the patient.

"First, primary care physicians are tremendously time challenged; most see anywhere from 20-40 patients each day," says Michelson. "The existing insurance reimbursement system makes it difficult or impossible for most of them to clear time to conduct the research necessary to identify the best-of-best specialists for their patient's specific condition. Second, it can be difficult from a personal standpoint for a physician to make referrals outside their own network or institution. So the referral may be made to 'the best I know,' not to 'the best there is.' Getting to the absolute best specialist, at the absolute best facility, isn't about geography or group affiliation or blindly trusting an institution that the patient has contributed to; it's about refusing to compromise."

UNCOMPROMISED CARE

Private Health isn't part of a medical network or institution, which means we don't have to compromise. And we give our physician-led Personal Care Teams the time and resources they need to identify the world-class specialists or sub-specialists *uniquely qualified* to treat our patient's specific condition irrespective of geography or hospital affiliation.

CASE COORDINATION

A second – and equally important aspect of Private Health's service – is coordination of care.

Medical errors are the fifth leading cause of death in the U.S, twice that of automobile accidents. About 75 percent of those errors have at the root some lack of coordination across providers. More often than not the issue is simply communication – or lack thereof.

When Private Health refers a case to a specialist, the lead physician on the patient's care team will talk to that specialist in advance of the appointment, brief them about the case, and then call them after the appointment to debrief them. As Michelson says, "it's an intensely personal, *doctor-to-doctor* process; we never deal with 'intermediaries."

Michelson cited as an example the case of a patient simultaneously battling Stage IV Lung Cancer and Melanoma. "Mr. P's case was extraordinarily difficult," he said. "There were days when our lead physician felt like the conductor of a symphony orchestra… with half the musicians playing Mozart and the other half Beethoven.

Our in-house physician-researchers helped identify National Institute of Health protocols that helped us adjudicate conflicting recommendations from the medical and radiological oncologists, pulmonologists and other specialists involved. Together, we came up with a plan that truly served the patient's total needs."

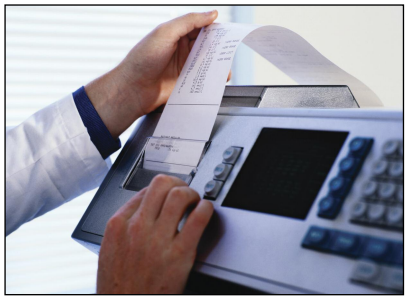
"Many of our patients had been told there were no more treatment options before we were engaged; we identified the top experts, identified treatment options and found ways to improve their health and prognosis significantly," says Michelson. "We've saved lives."

Mr. Michelson can be reached at (310) 248-4080;
lmichelson@privatehealth.com

Screen Cont'd

such controversy about screening?

First, the mammogram and the PSA blood test suffer from the same problem: they have a hard time distinguishing between things that *are* cancer and things that *might* be cancer. A positive finding on either test means that follow up invasive biopsies must to be done to determine whether cancer is actually present. Only about half of prostate biopsies performed in men with a suspicious PSA are found to actually be cancerous, meaning too many men undergo the physical, emotional, and psychological stress of biopsy for nothing.



Second, even if cancer is detected, it's often hard to know which cancers need to be treated immediately and which cancers can be watched without immediate treatment. This is especially true in prostate cancer, where nearly every cancer is treated even though many of them might not ever become clinically significant.

SO WHAT SHOULD YOU DO?

Talk with your doctor. He or she will be able to describe to you the pros and cons of screening and how to think about it given your unique health risks, lifestyle and goals.

The key phrase in all guidelines is *"routine screening."* To be truly effective, cancer screening recommendations have to be individualized, and take into account each patient's personal and family history, diet, lifestyle, etc.

Guidelines should be thought of as a starting point for a conversation. Only your personal physician who knows you and your history can evaluate whether you would benefit from screening.

sberman@privatehealth.com

PRIVATE HEALTH PROFILE: GREGG S. BRITT

Private Health President Gregg S. Britt brings more than 20 years of leadership experience in the health care, health research and drug development industries to the company.

Prior to co-founding Private Health with Leslie Michelson, Gregg served as president and CEO of Innovis LLC, a strategic consulting firm that specializes in advising pharmaceutical, medical device, biotechnology companies, hospitals and medical groups on clinical trials programs and critical path-to-market planning and execution.

Gregg and Leslie Michelson first teamed up at the Prostate Cancer Foundation, the world's largest source of philanthropic support for prostate cancer research. As Senior Vice President of Biopharmaceutical Research and Development, his responsibilities included providing guidance to the biopharmaceutical industry in the clinical development of promising prostate cancer therapeutics.

Prior to joining the Prostate Cancer Foundation, Gregg served as Senior Vice President and Chief Operating Officer of Protocare Inc., the second largest provider of clinical trials site services to the pharmaceutical, biotechnology and medical device industry in the world.

Earlier, he served as CEO of AIDS Research Alliance of America, a leading organization in the identification, funding and development of more effective HIV/AIDS therapeutics.

Gregg is a cum laude graduate of California State University, Northridge.