

Medical Society of the District of Columbia 2004 Annual Report

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1) Letter from 2004 President Lavine

Dear Member:

In 1817, alarmed by the growing number of "quacks, imposters, and charlatans," a group of physicians formed the Medical Society of the District of Columbia. Paramount concerns were improving the District's contaminated water supply and the control of contagious diseases. Almost two hundred years later, we remain concerned about the quality of the District's water supply and the control of tuberculosis, smallpox and anthrax, but the biggest threat to the health care delivery system is a medical liability crisis that grows worse daily.

To combat this threat, we made liability reform our top priority. Working with the Mayor, we convinced him to introduce the Health Care Liability Reform Act of 2004. It is a well-written, fair, balanced, and courageous bill that will end the current "lottery-style" medical liability system. We have formed a "rapid-reaction" liability task force, which will lead a broad coalition that includes the DC Hospital Association, Board of Trade, the Insurance Commissioner, and others. Passage of the Mayor's bill is the only way to stem the exodus of physicians from the District of Columbia, prevent further hospital closures, protect access to affordable health care for DC residents, prevent further erosion of our city's reputation as a leader in health care, and halt the flood of health care dollars and jobs out of the city.

Although medical liability reform is our number one priority, it is by no means our only advocacy effort: we joined the AMA to oppose the Medicare cuts and succeeded in a 5.9% net savings for physicians; we are working with the AMA to revise the Medicare prescription drug plan to actually lower the costs of drugs by allowing the safe re-importation of medications from overseas, and by allowing Medicare to collectively negotiate lower prices for medications; and, in response to physician complaints, we prompted the insurance commissioner to investigate the onerous business practices of Carefirst.

Also, in order to be more responsive to the needs and concerns of the membership, and to maximize the use of our limited resources, the Board of Trustees undertook an extensive strategic planning initiative. The New MSDC will be leaner, more efficient, and a more responsive organization.

Next year, we must build on this momentum. We must continue to grow MSDC membership, we must focus on passing liability reform legislation, and we must advocate for the health of our patients. Ask not what MSDC can do for you, it is time that you ask what you can do for MSDC. We can not be successful with a passive membership. This is your Medical Society, your only local voice, your vehicle for change, and your responsibility. Recruit new members. Donate personal time. Talk to patients about the importance of medical liability reform. And, provide resources to make your Medical Society stronger. I challenge all of you to recruit three new members to help build the New MSDC.

This has been a year of promises made and promises kept. The list of accomplishments is formidable and impressive. This Annual Report is full of examples of the Medical Society working on your behalf. I want to specifically thank my colleagues on the Board, the MSDC staff, and especially Executive Director Edward Shanbacher, for their dedication and tireless work on your behalf. It has been a great honor and a privilege to serve as your President.

Thank you,

Peter E. Lavine, MD, 2004 President

2) Played Key Role in Introduction of Mayor's Liability Reform Bill

In June 2004, over a year of concentrated advocacy by the Medical Society paid off: DC Mayor Anthony Williams transmitted the Health Care Liability Reform Act of 2004 to DC Council Chair Linda Cropp for formal introduction at the Council's next meeting.

The bill is designed to change how health care liability cases are addressed and much more. The provisions in the bill mirror reforms made in California in the 1970s as part of the Medical Insurance Compensation Reform Act, or MICRA. These reforms, especially a \$250,000 cap on non-economic damages, are the only measures that have been shown to effectively put the brakes on escalating medical liability insurance premium rates.

Introduction of this legislation was a pivotal and important development, but by no means the last step toward enactment of long-awaited and desperately needed medical liability reform in the District of Columbia. As a result, medical liability reform efforts took center stage in 2004:

Formed Medical Liability Reform Task Force

MSDC formed a Medical Liability Reform Task Force to develop short- and long-term strategies for securing medical liability reform in the District. Meeting frequently to review the efficacy of medical liability reform activities, the task force will make sure efforts stay on track.

Surveyed Ob/Gyns to Determine Impact of Liability Crisis

Although physicians of all specialties have been hit by the impact of high liability insurance premiums, the results of a survey conducted in the spring of 2004 by the Medical Society illustrated the extent to which ob/gyns are being forced to make difficult choices. The survey showed that ob/gyns are cutting back on services, laying off employees, retiring earlier than planned, and moving their practices out of the District altogether.

Met with Councilmembers to Encourage Support for the Bill

MSDC leaders met with individual DC councilmembers to underscore the need for multi-faceted liability reform. These preliminary meetings allowed the Medical Society to lay the groundwork for a positive working relationship with the Council on this important issue.

Mobilized Members to Participate in Liability Reform Effort

MSDC staff and leadership cannot achieve this victory alone. The voice of every MSDC member must be heard. Toward that end, MSDC mobilized members, encouraging them to contact members of the DC Council to urge their support for the legislation.

Spoke Out to the Media on the Urgent Need for Reform

The Medical Society took full advantage of the intense media reporting that followed the introduction of the Mayor's bill. From USA Today to the NBC (WRC-TV) evening news, media reports on medical liability reform fueled discussion of the bill and the need for medical liability reform in the District.

Worked with Stakeholders on a Coordinated Approach to the Challenge

The Medical Society worked closely with allies in the fight for liability reform, including the DC Hospital Association, the Board of Trade, and the Tort Reform Institute. Information and strategies were shared to strengthen reform activities. MSDC also rejoined the DC Chamber of Commerce, a potential ally in the fight.

Developed Speakers Bureau to Spread the News and Encourage Support

MSDC provides speakers on the subject of medical liability reform to specialty societies, hospital medical staffs, and other groups and organizations. As part of this program, the Medical Society reached out to many organizations in 2004, including the DC Section of the American College of Obstetricians and Gynecologists.

And...Coming in 2005...Liability Reform Action Kit

MSDC is in this fight for the long haul. Next year, an Action Kit on Liability Reform will be unveiled to help physicians understand and communicate the need for liability reform in the District to their legislative leaders, to their colleagues, and to their patients.

3) Advocacy Efforts in 2004 Extended Beyond Medical Liability Reform

Won Removal of PA Requirement from Anesthesiologist Licensure Bill

MSDC advocacy efforts resulted in the removal of a provision in the Anesthesiologist Assistant Licensure Act of 2004 that would have required an anesthesiologist assistant (AA) to first become a physician assistant (PA).

Recommended Exemption of Medical Staffs from Clear Air Compliance Fee Act

The Medical Society urged the DC Council to exempt health facility employees and medical staff members from a new \$20 per month/per space tax on employee parking spaces.

Pushed for Legislative Solutions to Enhance the Practice of Medicine

These included the:

- **Practice of Naturopathy Medicine Licensure Amendment Act;**
- **Health Services Planning and Development Amendment Act;**
- **Physician Negotiation Act;**
- **Department of Emergency Medical Services Establishment Act;**
- **Free Clinic Assistance Program Extension Act;** and
- **DC Health Ombudsman Program and Funding Act.**

Supported Legislation to Enhance the Health of DC Residents

These included the:

- **Nutritional Information at Restaurants Act;**
- **Smoke Free Work Places Act;** and
- **Access Rx Act**

4) Secured Increase in Medicare Payments: Worked on Long-term Solution

As a result of the combined efforts of organized medicine, a proposed 4.4 percent decrease in reimbursements to physicians was stopped, and a 1.6 percent increase was implemented. As a result, the AMA estimated that physicians in the District would receive an additional \$29 million, or approximately \$2,400 more per physician. MSDC will continue to work with the AMA on a permanent fix to the Medicare formula.

Outlined How New Medicare Bill Will Impact Physicians

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003, signed into law in December 2003, contains provisions that will have a profound effect on physicians. MSDC educated members on how the bill will impact them and their patients.

Reminded Members of Medicare Money Available for Physicians Practicing in Underserved Areas

MSDC made sure its members knew that there is Medicare money available to physicians who practice in one of the District's federally designated Health Professional Shortage Areas.

Maintained Productive Dialog with Medicare and Medicaid Representatives

MSDC representatives participated on Medicare and Medicaid advisory committees throughout the year to make sure physician concerns were addressed and suggestions were considered.

5) Collaborated with AMA on Pro-Physician/Pro-Patient Initiatives

Supported National Medical Liability Reform

Helped the AMA organize a "white coat" rally on Capitol Hill on the eve of the Senate's vote on S. 2207, a medical liability reform bill.

Opposed Medicaid Cuts

Expressed opposition to the inclusion of Medicaid payment cuts in the Budget Resolution noting that the action will greatly exacerbate current health care access challenges.

Supported Quality Improvement Legislation

Supported the Patient Safety and Quality Improvement Act (S. 270), which would create a system in which health care professionals share and analyze information about errors to prevent similar incidents from recurring.

Supported Mental Health Parity Legislation

Expressed support for the Senator Wellstone Mental Health Equitable Treatment Act (S. 486), which would require group health plans that provide mental health benefits to do so without arbitrary limits different from limits on medical/surgical benefits.

Emphasized "MDs" Not Optometrists Should Perform Surgery

Supported the Veterans Eye Treatment Safety Act, which would ensure that only qualified physicians would be allowed to perform eye surgery in Veterans Affairs (VA) facilities.

6) Joined CIGNA and Aetna Settlements So Members Would Enjoy Benefits

Emphasizing that the CIGNA settlement agreement can mean payment for claims previously denied, MSDC became a signatory to the settlement to help members with the recovery process.

Under the CIGNA settlement, the health insurer agreed to spend \$400 million on internal changes. It will stop downcoding and will leave questions of medical necessity to doctors. CIGNA also agreed to pay at least \$70 million to physicians whose claims are up to 12 years old, \$55 million in attorneys' fees and \$15 million to create a health foundation.

MSDC also became a signatory to a similar settlement by Aetna.

In the fall, MSDC made available to members-free of charge-a CD-ROM describing both the Aetna and CIGNA settlement agreements

7) Continued to Hold Health Plans Accountable to Physicians and Patients

Advocated for Prompt Removal of Physician Names from Online Health Plan Directories

The Medical Society asked the DC Insurance Commissioner to resolve the problem created when health plans fail to remove physicians from their online network directories long after those physicians have ceased to participate in the networks.

Convinced Insurance Commission to Examine CareFirst Business Practices Toward Physicians

As a result of prodding by the Medical Society, the DC Department of Insurance, Securities and Banking agreed to look into charges that CareFirst BlueCross BlueShield unreasonably delays and incorrectly denies payments to area physicians while being unresponsive to medical practices.

8) Developed Reimbursement Tools and Practice Management Resources

"Practice Made Perfect" Seminar Series

In 2004, MSDC fine-tuned some of its most popular educational events and introduced new ones to help members enhance the business side of their practices.

Revised Prompt Pay Kit

MSDC members received a Prompt Pay Kit, which included a checklist and other helpful resources.

Developed Quality First Hassle Factor Log

MSDC uses the information received to hold health plans accountable to the concerns of physicians.

Continued to Host Meetings of the DC Chapter of the MGMA

MSDC continued to provide a forum for practice managers to share ideas, information and success stories by hosting the monthly meetings of the DC Chapter of the Medical Group Management Association.

9) Represented DC Physicians in Emergency Preparedness Planning

In 2004-nearly three years after the horrific events of 9/11-MSDC remained committed to efforts to make the City safe in the event of a terrorist attack or other emergency. Throughout the year, MSDC and its Medical Reserve Corps participated in many regional emergency preparedness activities, and MSDC continued to play a key role in communicating information to the DC physician community.

Received Award from Mayor for Medical Reserve Corps

In April, Mayor Anthony Williams recognized the emergency preparedness work of the MSDC Medical Reserve Corps with his "DC Citizens Corps Service Award." The award is presented to programs that support emergency preparedness activities on behalf of the District and its residents. The Corps, along with the Medical Society's Emergency Preparedness Committee, were established after 9/11 so that the city's physicians would have a voice and a role in emergency preparedness activities.

Deployed Medical Reserve Corps for Reagan Funeral and World War II Memorial Inauguration

Two high-profile DC events in 2004 provided an opportunity for the Medical Reserve Corps to gain valuable training experience: former President Ronald Reagan's funeral and the activities leading up to it; and the inauguration of the World War II Memorial. Although the two events were not emergencies, they provided an opportunity for Medical Reserve Corps participants to hone their skills and partner with similar entities that make up the DC Citizens Corps Council.

Partnered with DC DOH on Mass Casualty Exercises

In September--National Preparedness Awareness Month--the Medical Society partnered with the District's Emergency Management Agency and the Department of Health on a series of educational events designed to prepare the health care community for potential local and region-wide emergencies. These included a two-day, full-scale, mass casualty exercise.

Issued Alerts to Members on Emerging and Known Health Concerns

West Nile virus. Avian flu. SARS. Lead in the City's water. Flu vaccine shortage. MSDC issued alerts to members on these threats and many others as part of its communication plan in 2004.

10) Upheld Professional Standards

The Medical Society's Professional Standards Committee continued to perform a vital role on behalf of the DC physicians community: tracking complaints and concerns from patients, physicians, and organizations on questionable medical practices and practitioners. Following receipt of a complaint, the Committee provided a mechanism for the voluntary, non-binding resolution of the dispute.

11) Looked After the Health and Welfare of DC Residents

Encouraged Mayor to Appoint "MD" as Health Director

MSDC was pleased that the Mayor listened to its standing request that the DC health director be an MD. In August, Mayor Anthony Williams announced the appointment of Gregg A. Pane, MD, to the post. Dr. Pane was installed in October.

Helped DOH Identify Need for and Availability of Flu Vaccine During Shortage

The Medical Society initiated a coordinate approach with the DC Department of Health's Immunization Program to gather data to identify where flu vaccine was located and where it was most needed.

Supported Rx4DC, Offering Low-Cost or Free Drugs to Lower Income District Residents

MSDC became a partner of Rx4DC to help DC physicians help their uninsured and underinsured patients acquire free or discounted prescription drugs. Launched in May, Rx4DC is a single-point-of-entry for over 250 pharmaceutical company programs that offer free or discounted prescription drugs to persons who qualify.

Updated Members on Elevated Lead Levels in the DC Water Supply

When unhealthy levels of lead were found in some of the District's water supply, MSDC worked with the DC DOH to communicate important updates to DC physicians, and reminded health care professionals of their responsibility under the law to report normal and abnormal serum lead levels to the DOH.

Joined Cardiovascular and Diabetes Initiative to Improve Community Health

Promoted better health care for DC patients by working with the Network to Improve Community Health. MSDC was a leader in the Network's Cardiovascular Initiative. This is part of an ongoing effort that began with the Medical Society's involvement in the Network's Diabetes Initiative.

Participated in Teaching Efforts to Improve Patient Care

Partnered with the Delmarva Foundation on a quality improvement initiative that had physician volunteers participating in teaching efforts to improve care for patients in the District.

Worked with Mayor to Improve TB Clinic

Successfully engaged the Mayor's office to address serious issues with the TB Clinic, with a special focus on multi-drug resistance TB in the District.

Offered Monthly CPR Certification Courses

MSDC worked with KnowCPR to offer monthly CPR workshops so that DC physicians and their staffs could get certified or re-certified in the nationally recognized American Heart Association Certification Program

12) Showcased Physician-Patient Relationship with Mini-Internship Program

In March 2004, the Medical Society once again conducted its annual Mini-Internship Program, which gives key health care stakeholders and public opinion leaders a firsthand experience of physicians taking care of patients. The program stresses the human concerns of medicine, allowing participants to observe physicians in action.

13) Helped Advance Cyber Medicine and Encouraged Physicians to Embrace It

In 2004, the information technology bandwagon kept moving forward, and more and more physicians got onboard. More physicians developed web sites. More physicians introduced secure messaging (e-mail) with patients. And, more physicians adopted e-prescribing technology. MSDC kept abreast of the latest developments so that its members would not be left behind.

Participated in Initiative to Create a Local Health Information Infrastructure

MSDC joined the Metropolitan Council of Governments, the U.S. Department of Health and Human Services's National Health Information Infrastructure, and other organizations to discuss the creation of a Local Health Information Infrastructure for the metropolitan DC area.

Provided Free Information Technology Products to Members via Partnership with Medem

Throughout the year, MSDC continued to offer members a host of information technology products and services through its partnership with Medem--the nation's premier physician-patient communications network founded in 1999 by a group of leading medical societies, including the AMA. Medem products and services include: free web sites for physicians with links to clinical information; a secure messaging framework for communication between physicians and patients; and an online consultation framework to facilitate online "office" visits between physicians and patients.

14) Helped Physicians Overcome Addictions and Other Impairments

MSDC created the Physician Health Program over 20 years ago to help physicians and medical students impaired by alcoholism, drug abuse, mental illness, psychosexual disorders, and/or aging. Over the years, the program has helped hundreds of individuals get their lives back on track. The primary goal is to help physicians obtain treatment and get back to work. The program, conducted by the Medical Society's Physician Health Committee, encourages confidential referrals about physicians with impairment problems. When a concern is submitted, MSDC investigates discreetly, asks the physician to meet with the appropriate specialist for evaluation, recommends an appropriate treatment plan, and asks the physician to sign a five-year contract.

The Physician Health Program gained much-needed recognition in 2004 as the result of numerous news stories on physician impairment. In 2004, the Program also received generous grants from George Washington University Hospital and Georgetown University.

15) Discontinued CME Program; Redirected Resources to Advocacy Efforts

As a result of ongoing strategic planning to re-position the Medical Society for future success, the difficult decision was made to discontinue the Continuing Medical Education (CME) Accreditation Program. MSDC developed a transition plan to help hospitals and organizations it currently accredits find alternative accreditation sources. MSDC will make sure the quantity and quality of CME programs available to DC physicians does not diminish. As a result of this decision, resources will be shifted to new and existing advocacy programs that will benefit MSDC members. The Medical Society's CME Committee received the 2004 MSDC Distinguished Service Award, recognizing over 30 years of work in support of the accreditation program and the many hospitals and organizations that MSDC has accredited.

16) Letter from 2005 President (Victor G. Freeman, MD, MPP)

Dear Colleague:

In 2005, MSDC will begin a year of outreach and re-engagement. It will be a time for us to reach out and recruit our friends and colleagues. For those who have never been members or are no longer members, we will make it especially affordable for them to check out the New MSDC.

The New MSDC

To create the New MSDC, we streamlined its structure to make it more dynamic. Year-long appointments to various committees will be replaced by short-term appointments to "action-oriented" task forces that will allow members to drive important issues forward and then get back to patients and families.

We will experiment with novel ways to re-engage physicians with two-way communication. We will use fax, e-mail, conference calls, and surveys to tap physician insights and perspectives in more convenient ways.

We will reach out to physicians of all specialties with the message: "Membership in a specialty organization is valuable for continuing medical education, developing practice skills, and career enhancement; however, membership in MSDC is the only way we can show solidarity across specialties as physicians who care about patients and health care delivery in the Nation's Capital."

Regardless of whether physicians are in solo practice, small group practice, large group practice, community practice, academics, research, management/administrative medicine, or government service, ALL will be welcome and encouraged to join MSDC.

Medical Liability Reform and Patient Safety

Medical liability reform is the most important initiative that we have tackled in years. We need all hands on deck in our efforts to make malpractice insurance costs more affordable in the District.

Emergency Preparedness

With DC subject to terrorist, epidemic, and natural disasters, we all need to know the basics of preparedness, response, and recovery for ourselves (and our families), for our staff (and their families) and for our patients (and their families).

We will continue to work with the City and region on emergency preparedness activities and get relevant information to members.

Patients, Practice and Public Health in DC

We will continue to be the unified voice of DC physicians on the wide range of issues affecting physicians and their patients across the District of Columbia.

But, it must all begin with building membership. We must bring physicians back to the fold, back to the organization that represents our common interests.

With my regards,

Victor G. Freeman, MD, MPP, 2005 President

17) Local and National Events Impacting DC Physicians and Patients in 2004

Medical Liability Crisis Worsens in the District; All Specialties Impacted, Ob/Gyns Hit Hard

U.S. House Once Again Passes Medical Liability Reform Legislation; U.S. Senate Does Not

Lead Found in DC Water Supply; DC Physicians Serve Important Role: Educating, Testing and Treating DC Residents

Greater Southeast Community Hospital Emerges from Bankruptcy; Court OKs Reorganization Plan

Mayor Names "MD" as DOH Director: Gregg Pane, MD

New CMS Administrator Confirmed: Mark McClellan, MD

18) Mission Statement

The Medical Society is dedicated to the well-being of DC physicians and their patients. We advocate on behalf of our member physicians of diverse cultural and ethnic backgrounds. We promote high standards of character and professionalism. We ensure that physicians are-and are recognized as-the primary professionals who define and guarantee high-quality, appropriate, and cost-effective medical care. Above all, we aggressively defend the highest principle of all: the integrity of the physician-patient relationship.

19) Related Organizations

Medical Society and Alliance Foundation (MSAF)

MSAF is one of the few foundations that supports the provision of care to low-income, underserved populations in the District. MSAF also secures grant monies to support emergency preparedness and community health activities.

Medical Society Alliance of DC

The Alliance helps promote health education in the community and encourages volunteer participation in health-related outreach activities.

DC Political Action Committee (DOCPAC)

DOCPAC supports DC elected officials and candidates for elected office who are sensitive to the issues that impact physicians, their patients, and the practice of medicine.

Medical Society Services, Inc.

MSS, a for-profit entity, monitors the product and service agreements that enhance the value of MSDC membership.