

# Medical Society of the District of Columbia

## 2006 Annual Report

### **Giving strength, support, and voice to DC physicians**

In 2006, the Medical Society of the District of Columbia faced head on, challenges from forces that sought to divide physicians and weaken the doctor-patient relationship. Those forces and the challenges they brought will likely persist, but so will the Medical Society's focus and will to prevail on behalf of District of Columbia physicians and their patients.

### **Putting Pay-for-Performance Under the Microscope**

"Pay-for-performance," often shortened to "P4P," emerged as an issue of considerable interest and concern to the Medical Society, as insurers including Medicare, CareFirst BlueCross BlueShield, Aetna, and United/MAMSI announced, launched or sustained programs aimed at rewarding physicians for care that meets or exceeds certain benchmarks. To educate physicians about P4P on both general and insurer-specific bases, a primer on pay-for-performance was added to the Society's website, [www.msdc.org](http://www.msdc.org). Also, MSDC leaders continued to monitor CareFirst BlueCross BlueShield's Bridges to Excellence program. MSDC was a founding member of a regional pay-for-performance task force that reviewed Aetna's plans for Bridges to Excellence in 2007. An initial meeting with representatives of United/MAMSI regarding its Premium Designation program raised concerns about the program scheduled to be launched in January 2007. As a result, in mid November, MSDC leaders will be examining more closely the methodology employed in the development of the program.

### **Medical Liability Reform**

Guided by Peter E. Lavine, MD, Chairman of MSDC's Board of Directors and Medical Liability Task Force, the Medical Society doggedly pursued enactment of medical liability reform legislation by the District of Columbia Council - continuing the assault on several fronts. Three bills, each representing essentially different approaches to solving the problem of high premiums, were examined by three Council committees this year - an unprecedented level of attention paid by the Council to the Medical Society's top legislative priority. In March the Medical Society testified at a hearing of the Council Committee on Consumer and Regulatory Affairs regarding one bill that is based on the false premise that the problem of high medical liability premiums can be solved by simply expanding the role of the Insurance Commissioner in the rate-setting process. The Medical Society emphasized that this narrow approach will have little effect on premiums unless combined with reforms found in the two other bills, especially those aimed at fixing the badly broken civil justice system. In May, the Council Committee on the Judiciary amended and marked up only some of the several civil justice system reforms under its purview.

MSDC's views on medical liability reform also continued to be expressed through publications such as The Washington Post, Legal Times, and The Washington Times, as well as through radio programs such as WAMU's Kojo Nnamdi Show.

Two thousand seven marks the first year of the two-year Council Period 17 during which the Council will be significantly different from that which the Medical Society has interacted with for the past two years. The 13-member Council will have a new chairman and new members representing Wards 3, 4, 5, 6, and 7. In anticipation of those changes, before the Democratic primary, MSDC leaders discussed liability reform with several candidates running for office. In addition, in order to refine the Society's liability reform

strategy for the remainder of 2006 and into 2007, MSDC leaders have continued to meet with the current DC Council as well as with long-time partners who support reform.

### **Other Important Legislation**

Medical liability reform was the primary, but not sole, focus of MSDC's legislative activities in 2006. The Society's Executive Vice President K. Edward Shanbacker, MPA, was appointed by Mayor Williams to serve on the select task force charged with developing alternatives to the construction of a proposed National Capital Medical Center on the grounds of the former DC General. The Task Force issued its report in July and soon after, a bill mirroring the recommendations was introduced.

Also, physicians who treat Medicaid and Alliance patients will not be subject to additional unfunded mandates thanks to timely intervention by the Medical Society and other groups concerned about access to care for the City's most vulnerable citizens.

MSDC also testified in strong opposition to a bill that would allow patients to have direct access to physical therapists without first obtaining a physician referral. In addition, working with MSDC member otolaryngologists and the Board of Medicine, MSDC urged the Council to place at least two otolaryngologists on a proposed Board of Audiology and Speech Language Pathology.

The Medical Society of DC and the Partnership for Palliative and End-of-Life Care grew concerned about the quality and quantity of training and community outreach associated with implementation of a DC law dictating rules under which Emergency Medical Services personnel can refuse to honor a person's wishes to forgo resuscitation. MSDC and the Partnership jointly called on the Department of Health to expand and enhance the scope of its training and outreach efforts. This matter is ongoing.

### **Exceptional Political Action**

The District of Columbia Political Action Committee - DOCPAC - was more active in 2006 than it had been in years. Under the leadership of John H. Niles, Jr., MD, the DOCPAC Board developed and distributed a survey to all candidates in the DC Democratic primary, focusing on medical liability reform, the City's health care delivery system, and other health care issues. Based on the survey responses, the DOCPAC Board interviewed candidates and voted to endorse and make the maximum allowable contribution to support candidates running for Mayor and Council Chairman, an At-Large seat as well as for the Wards 3, 5 and 6 Council seats. In addition, at DOCPAC's urging, physicians hosted fundraisers for endorsed candidates, raising over \$30,000.

### **Physician Advocacy with Health Plans**

MSDC remained an active advocate for physicians with area health plans - on both individual and member-wide bases.

Issues addressed on behalf of individual practices included delays in payments and credentialing, erroneous inclusions and exclusions from health plan networks, retroactive denials and others.

The Society also advocated on behalf of DC physicians as a whole. For example, when CareFirst BlueCross BlueShield announced widespread reductions in reimbursement rates, the Medical Society called on the DC Attorney General to open an investigation as to whether monopolistic pricing by the company could be at play. This investigation is ongoing. In other efforts to improve CareFirst's business

practices affecting area physicians, the Society surveyed MSDC members and found that some problems with CareFirst have been resolved since the Medical Society first filed a complaint about CareFirst with the DC Insurance Commission in 2005. Unfortunately many problems remain and a few new ones have arisen. As a result, MSDC will continue to insist that the effect and speed of CareFirst's efforts to resolve MSDC members' problems remain the topic of regular meetings with the DC Insurance Commissioner. This effort will continue until MSDC members' complaints about CareFirst BlueCross BlueShield decrease dramatically.

MSDC was pleased to have played a role in the development and implementation in 2006 of a uniform credentials application for area health plans and hospital medical staffs. This document promises to spare physicians and medical practice staff from countless hours required to complete unique applications for each insurer and hospital.

As a new member benefit designed to help improve the effectiveness and efficiency of MSDC members' medical practices, the Society launched a new Practice Management Section in 2006. Membership in this section is free and open to any administrative staff of MSDC members. This year, the Section's informative monthly breakfast seminars featured presentations on how to improve customer service, understanding financial and audit reports, and best practices for the business functions of a medical practice.

## **Medicaid**

MSDC joined with other health care groups urging the District Medicaid program to apply a common-sense approach to enforcing a new federal law that requires all persons applying or re-applying for Medicaid to present proof of US citizenship. The District's Medical Assistance Administration agreed and has stated that persons who can show that they are making a good-faith effort to produce a birth certificate or other paperwork proving citizenship will not be denied coverage because they lack such documentation.

## **New Member Benefits**

In addition to establishing a Practice Management Section for Society members' staff, MSDC added other new benefits to the list of those already enjoyed by members. At a reception at the Ritz-Carlton, Washington, MSDC unveiled a new program which enables members to enjoy the best possible membership rates at The Sports Club/LA. In addition, MSDC members, their families, friends, and patients, can now receive special discounts on room rates at the two Ritz-Carlton hotels in the District of Columbia.

This year, special events for MSDC members were hosted by two new corporate partners. Mansour Wealth Management hosted a wine tasting at the popular Olives restaurant followed by a valuable presentation on asset protection. In April, members enjoyed an informative seminar, "Retirement Planning and Investment Strategies for Physicians," presented by the SMB Group of Merrill Lynch. This year, the Society also welcomed a third new member to the Society's family of corporate partners - Greenway Medical Technologies, provider of ambulatory health care business solutions.

## **Speaking Out**

In 2006, MSDC spokespersons responded to reporters' requests for comments on many issues. A sampling of these issues includes health plan profiles of physicians, medical advice online, the state of

emergency medical care in the District, allergies, the precise number of doctors in this city, drug reimportation, flu vaccine, bioterrorism, practicing medicine in underserved areas, and many others.

In an ongoing effort to encourage physicians to embrace the use of e-mail, MSDC worked diligently to increase the number of members who receive MSDC communications electronically. In addition, the Society's website, [www.msdc.org](http://www.msdc.org), continued to attract both physicians and patients.

MSDC Newsline, the Society's monthly member newsletter, underwent a redesign making it easier to read and more attractive. Both the printed and e-mailed editions of MSDC Newsline inform readers about the benefits of membership, Society activities, members' achievements and issues of interest to medical practices, including health information technology, medical records retention regulations, applying for a National Provider Identifier, sources for flu vaccine, and others.

### **Physician Health Program Receives Major Support**

This year, Georgetown University Hospital made an extremely generous financial contribution to the Society's Physician Health program. In fact, the Hospital's contribution represents the largest donation the Physician Health program has received in its 26 year history. This support as well as contributions from The George Washington University Hospital, Washington Hospital Center Medical Staff and others throughout the year allowed the Medical Society to continue to advocate for physicians and medical students in this life-saving program.

"The Medical Society's Role in Assessing Physician Performance: An Analysis of Six Years of Grievances Considered by an Urban Medical Society," is slated for publication in the Journal of Medical Licensure and Discipline. The article was written by members of the Society's Professional Standards Committee and details the outcome of a study it conducted.

### **Medicare**

As a member of the AMA federation of state, county and medical specialty organizations, MSDC continued to support organized medicine's massive efforts on Capitol Hill to achieve a permanent solution to payment problems resulting from the outdated and unreasonable formula used to set Medicare reimbursement rates. On a local level, to ensure that the perspectives of local physicians are heard by the regional Medicare carrier, MSDC helped identify practicing physicians to fill vacant seats on a physician committee that advises the TrailBlazer medical directors regarding coverage policies. Also, MSDC also assisted member physicians experiencing difficulty obtaining a National Provider Identifier, the latest HIPAA-related mandate. Also, to help MSDC members help their patients understand prescription drug coverage available through Medicare Part D, the Medical Society reprinted and distributed a "prescription pad" of tear-off sheets containing information about where patients can get individualized assistance from professionals trained to help.

### **Emergency Preparedness and Public Health**

MSDC remained actively involved with the area's efforts to prepare for a natural or man-made disaster. At a Pandemic Influenza Preparedness Summit, MSDC Emergency Preparedness Task Force Chairman Daniel Ein, MD, spoke about how community-based physicians would play a role in a pandemic in the District of Columbia. MSDC also participated in a Pandemic Influenza Exercise designed in the form of a "serious game" tabletop exercise to give participants a clear sense of the emotional and social aspects of a 1918-like pandemic during its first few hours and days as well as at its peak.

MSDC also joined the DC Department of Health to help enlist physicians to participate in the DC Health Alert Network through which physicians can receive timely updates and information about patient care practices, policies and procedures in the face of impending public health threats.

The Medical Society's TB Task Force, under the director of Henry Yeager, MD, continued its work to eradicate TB in the District of Columbia, through prevention, treatment, funding, and education.

### **The Voice of DC Physicians**

Medical Society representatives continued to represent DC physicians in debates about national policy through active involvement in the AMA House of Delegates. In addition, Joseph Gutierrez, MD, Chairman of the MSDC delegation, was elected Chairman-elect of the Southeastern Delegation - a coalition of AMA delegates representing 15 medical societies from Maryland to Puerto Rico.

The voice of DC physicians was also heard in advisory groups that affect physicians, medical practices, and health care in the District of Columbia. Among the groups on which the Medical Society was represented are the following:

- Mayor's Health Care Task Force
- TrailBlazer Health Enterprises Carrier Advisory Committee
- Medicaid Medical Care Advisory Committee
- Metropolitan Council of Governments Bioterrorism Task Force
- US Pharmacopoeia
- Greater Washington Board of Trade Health Care Task Force
- AMA Litigation Center Board of Trustees
- CareFirst Watch Coalition
- Mayor's Commission on Bioterrorism Preparedness
- DC Department of Insurance, Securities and Banking Advisory Committee
- DC Chamber of Commerce Health Policy and Legislation committees
- DC Citizens Corps Council
- National Capital Regional Emergency Response Forum
- National Capital Region Medical Reserve Corps

### **Family Violence Task Force**

Chaired by Kim Bullock, MD, MSDC's Family Violence Task Force remained very active. For example, the Task Force was instrumental in the establishment of a DC Domestic Violence Fatality Review Committee as well as a program at Greater Southeast Community Hospital providing at one location both medical care and legal assistance to victims of domestic violence. Task Force members helped craft recommendations from the "Mayor's Citizen Summit: Lifting All Communities" and worked successfully to generate support for the 2006 reauthorization of the Federal Violence Against Women Act. Also, the Task Force helped develop a CD-ROM and contributed to "Body Image and Empowerment Programs for Survivors of Domestic Violence" for health professionals and domestic violence paraprofessionals. Also, the Task Force forged a new partnership with "Face-to-Face," a program through which physicians provide cosmetic surgery to persons whose faces have been scarred as a result of domestic violence.

### **Governance/Leadership**

In 2006, the Society's strategic plan was re-examined and refined. In addition, President Damian P. Alagia, III, MD, MBA, brought together several past presidents and other respected leaders in the medical

community to benefit from their perspectives, experiences, and advice on how best to lead. Also, to address financial pressures facing the Society, Treasurer Christopher Spevak, MD, JD recommended - and the Board adopted - procedures to bring greater transparency and stricter discipline to handling of the Society's assets and financial obligations.

MSDC's Leadership Development Committee worked hard this year to ensure that the Society attracts the best and the brightest physicians into leadership of organized medicine. An illustration of its success is the fact that in 2006, the Board's newest members included five young physicians who are quickly emerging as leaders not only in organized medicine but in the District of Columbia as well. These newest leaders are Joan Loveland, MD, Robin Newton, MD, Marc Rankin, MD, and Paul Shin, MD, whom the Board also elected Secretary. They joined fellow young physician Christopher Spevak, MD, JD, who served as Treasurer in 2006 and will, on November 1, be sworn in as President of the Medical Society of the District of Columbia, among the youngest physicians to serve in that capacity.

These bright new voices for the profession have already demonstrated the energy, fearlessness, sense of urgency, focus and political savvy needed to take the Medical Society of DC where you want and need it to go. They can't do it alone. Only by working with their Board colleagues and physicians like you, can these new leaders shape the Medical Society of the District of Columbia into the more vital and responsive organization you want it to be.

Come join these promising leaders as they give voice to the new MSDC.