MSDC

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NEWSLINE

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Mayor Appoints New D.C. Health Director

On February 29th, Mayor Adrian Fenty appointed Pierre Vigilance, M.D. as the next Director of the D.C. Department of Health. Dr. Vigilance comes to the District from Baltimore County where he currently heads the health department there. Dr. Vigilance is no stranger to the District, being a graduate of George Washington University and having completed an emergency medicine residency at Howard University Hospital in the late 1990s. Dr. Vigilance succeeds Dr. Gregg Pane who left the Health Department last October. The Mayor's Office had briefed the Medical Society in December on the search, and the Society's leadership will hold an initial meeting with Dr. Vigilance later this month. It is the Society's goal to further enhance the public-private partnership between the physician community and the Health Department. Dr. Vigilance is scheduled to start in April.

Plans are Proceeding to Establish a Cabinet-level Medicaid Department

Late last month, the Medical Society was briefed on the Mayor's transition plans to establish a Department of Health Care Finance as authorized by legislation passed by the District Council in 2007. The new department will manage over $2 billion in health care services paid by the District, including nearly 200,000 residents covered by the Medicaid and Alliance programs. Included in the six guiding principles are "the goals of improving health care access, quality, efficiency and system performance that must guide the Agency's institutional design, operational structure, staffing, policy-making and operational activities…" It is anticipated that the new department will begin operation with the beginning of the new fiscal year on October 1, 2008. It is likely that the complete transition, however, will take 3-4 years. The Mayor's Office was reminded during the meeting that as long as physician reimbursement remains among the lowest in the country, access issues cannot be fully addressed merely by restructuring.

Health Literacy Conference

"Improving Patient Outcomes in Primary Care" The DC Academy of Family Physicians in conjunction with Howard University Department of Community and Family Medicine, will host a health literacy conference on Saturday, April 26, 2008 from 8:30am-2:30pm. Come learn practical and effective strategies for improving patient-provider communication, assess health literacy and create a "shame free" environment in your practice. Continental breakfast and lunch will be provided and all attendees will receive an AAFP health literacy tool kit and more! Contact Finie Richardson for registration information at (202) 806-9849.

Medical Society and the National Hispanic Medical Association Join Forces to Sponsor Conference on Healthcare Reform and Health Disparities

Do you have Hispanic Patients? Do you have Medicaid/SCHIP/Medicare Questions? Then attend *Healthcare Reform & Health Disparities: A Priority for Hispanic Communities* sponsored by the National Hispanic Medical Association. CME credits will be available and there is a $150 discount for all MSDC members. The Conference is scheduled for April 17-20, 2008 at the Washington Hilton and additional details as well as registration material can be found at www.nhmamd.org

MEMBERS IN THE NEWS

Edward A. Rankin, M.D. Earlier this month, Edward A. Rankin, M.D. was installed as President of the American Academy of Orthopedic Surgeons at the organization's 75th Annual Meeting in San Francisco. Dr. Rankin is a longtime MSDC member practicing at Providence Hospital. Congrats Tony!

Marc Rankin, M.D. On February 25th, Marc Rankin, M.D., MSDC Board member, DOCPAC Chairman, and son of the newly installed President of the AAOS became a new dad with the birth of a son, Tony! Reports from the new dad indicate a new appreciation for the role sleep plays in our lives. Congrats Marc!

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MEMBER FORUM

Recently, WRC ran a story on the 5-o'clock News about differences in scheduling office visits depending upon whether or not the visit was for cosmetic purposes (and hence, self-pay), or whether the visit was for medically necessary care (hence, an insured visit in most cases). That story generated the following e-mail from a longtime MSDC member. We welcome member communications on issues of concern to the physician community. If you would like to see your words on these pages, please e-mail shanbacker@msdc.org.

Several years ago, my son (also a physician) & I went to Ethiopia as part of a Carefree Foundation (my son's nonprofit foundation) project. We visited several hospitals there, both in metropolitan areas and in very rural areas. We found that while Ethiopia has "universal" healthcare - all Ethiopians have access to their system, they were unable to provide what we in the USA would consider even basic services. One hospital that served 1.5 million people had only 4 doctors and had just taken delivery on their very first plain X-ray machine. Patients would wait, sometimes for several days in the waiting "room" (which is outside of the clinic building). Ethiopia is a very poor country, but even there they have a two tiered system. Those patients who could afford it would go to a private clinic – also run by those same 4 doctors – and be seen the same day.

My point here is that a healthcare system is only as good as the resources that are put into it. If the majority of the resources are placed in cosmetics, then it will be cosmetics that prevail. If doctors, through their organizations, don't sound the alarm over the realities of what is now a looming healthcare crisis in this country, then who will? Certainly not the lawyers or the politicians.

There are three commodities that are necessary for *societal* survival. A good food supply (including air and water), shelter from the elements, and protection from feisty neighbors. Healthcare is **not** necessary for *societal* survival. The proof of that is that human societies have been in existence for between 5,000 and 10,000 years. However, we have only had today's level of healthcare literally since today. How did human societies get to today without healthcare? It is not necessary for their survival, that's how. Further, there are societies in existence today (e.g. Ethiopia) that don't have the level of healthcare that we enjoy in the USA. Yet those societies continue to flourish. The difference between our society and those others is the quality of life available. Healthcare is a quality of life issue. While it makes perfect sense for a society to provide a minimal level of nutrition, housing, & protection (police, military, etc) for its citizens, one has to question whether it is <u>necessary</u> to provide healthcare. I have never heard of anyone walking into a 5-star restaurant and demanding to be fed, or into a luxury apartment building and demanding housing. However, patients walk into emergency rooms all the time and *demand* **the best medical care money can buy.** <u>They just don't want to pay for it</u>; and they will sue the doctor whom they perceive doesn't give to them.

It is easily understandable that a compassionate society would want to provide a "safety net" for those individuals who can't afford healthcare. It, however, is important for them to understand that there is a limit to what even wealthy societies can afford. In reality, there is no such thing as "universal" healthcare. In truth it is always rationed healthcare. There will always be individuals who cannot get everything that they and their loved ones want them to.

Thanks again for listening.

Steve Burka, M.D.

AMA President Diagnosed with Serious Form of Cancer

The AMA announced this week that President Ron Davis, MD, has informed members of the Board of Trustees that he has been diagnosed with pancreatic cancer.

Dr. Davis will continue to serve as AMA president, but his activities on behalf of the nation's largest physician's organization will be curtailed while he begins immediate treatment to fight this disease.

While Dr. Davis is focusing on his health, his treatment and his family, other members of the AMA board will assume responsibility for some of his official duties.

It is Dr. Davis' wish to openly share information about his health and treatment with his family, friends and colleagues. To meet the challenge of effectively communicating with those who might wish to share their thoughts and prayers, Dr. Davis established a personal Web page at CarePages.com where he and his family will post updates and where visitors can post messages and read the notes left by others. Visit <u>http://www.carepages.com/ServeCarePage?cpn=rondavis&ipc=cpinviteemail</u> to view Dr. Davis' care page.

DC Medicaid Issues Guidance for the Use of Tamper Resistant Prescription Pads Effective April 1, 2008

Beginning April 1, 2008, all written prescriptions for Medicaid recipients must be on paper with at least one tamper-resistant feature as outlined by CMS and defined by the DC Medicaid program. Beginning October 1, 2008 these same prescriptions must be on paper that meets all three baseline characteristics of tamper-resistant pads. CMS has outlined the three baseline characteristics as those that: 1) prevent unauthorized copying of a completed or blank prescription form; 2) prevent the erasure or modification of information written on the prescription by the prescriber; or 3) prevent the use of counterfeit prescription forms. Please note that electronic prescriptions, faxed prescriptions and prescriptions sent over the telephone are exempt from this requirement. Failure to comply with this requirement could result in a withholding of Medicaid reimbursement. Please see last month's Newsline for additional details (available online at www.msdc.org).

Practice Management Benefit Available Now to MSDC Members

Medical Society Services and MSDC are offering a new and very useful service to MSDC members. The Society has partnered with the Healthcare Consulting Division of Snyder, Cohn, Collyer, Hamilton & Associates which will act as an Advisory Resource to MSDC members and their staffs who contact MSDC with practice management questions, carrier issues, billing & collection problems, and HR issues. These are usually 15-20 minute projects that may require some quick research, a phone call or two, or a need for forms, templates, or analysis tools. The cost of such a "project consultation" is included in your Medical Society membership. In addition, should your needs be more extensive, SCCH will offer a 10 % discount program to all MSDC members (new clients to SCCH) for the first healthcare consulting project requested. For further information on these services please contact Maureen West McCarthy, CPA at 301-652-6708 ext. 333, or the Medical Society at 202 466-1800. MSDC encourages you to make use of this new Medical Society member benefit.

Medical Collections

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Call or fax for explanation of services

New D.C. Program Provides Tremendous Savings for Medicare Beneficiaries

The D.C. Medicare Savings Program enables Medicare clients to save thousands of dollars a year in health premiums, deductibles and prescription drug costs. This recently expanded program provides premium free Medicare and low cost prescription drug coverage ($2.25 for generics, $5.60 for brand-name prescriptions) to eligible residents. All D.C. Medicare beneficiaries with incomes below $30,630 ($41,070 for couples) may qualify for this assistance. IONA Senior Services, a non-profit organization in D.C., provides educational pamphlets and a consumer hotline to answer questions and provide assistance with enrollment in the program. Contact Chris DeYoung, 202-895-9446, cdeyoung@iona.org if you have any questions or would like information about where to refer clients.

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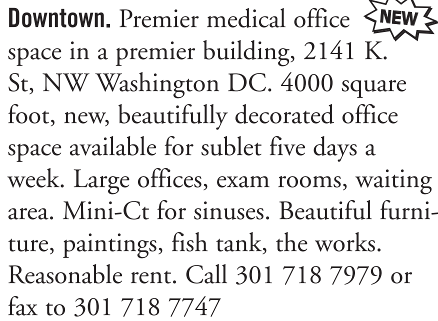

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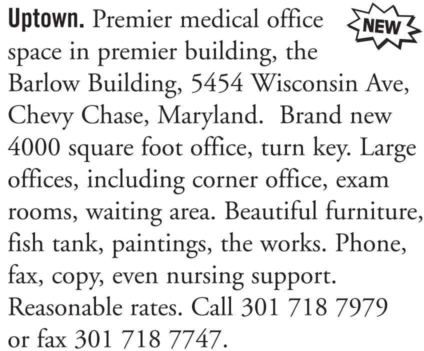
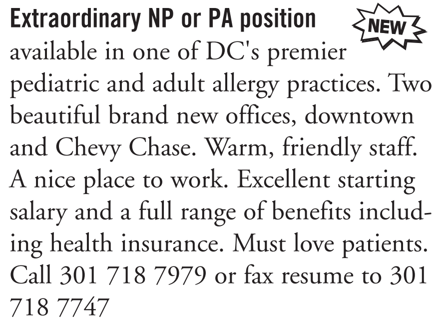


Uptown. Premier medical office space in premier building, the Barlow Building, 5454 Wisconsin Ave, Chevy Chase, Maryland. Brand new 4000 square foot office, turn key. Large offices, including corner office, exam rooms, waiting area. Beautiful furniture, fish tank, paintings, the works. Phone, fax, copy, even nursing support. Reasonable rates. Call 301 718 7979 or fax 301 718 7747.



Extraordinary NP or PA position available in one of DC's premier pediatric and adult allergy practices. Two beautiful brand new offices, downtown and Chevy Chase. Warm, friendly staff. A nice place to work. Excellent starting salary and a full range of benefits including health insurance. Must love patients. Call 301 718 7979 or fax resume to 301 718 7747

Space Available for Sublet (2 consultation rooms, 3 exams room and reception desk all furnished) attached to an existing Internal Medicine practice. Prime location on 19th Street NW near Metro. Potential to share electronic medical record system, equipment, and staff if desired. Please contact Sylvia at 202-728-9630 for details.

Practice for Sale. Thriving solo medical practice for sale in downtown Washington DC with easy access to area hospitals. No insurances. Strong client base and excellent growth potential. Fax letters of interest to 202 338 6910

Georgetown: Large Office to Sublet. Spacious, large windowed, well furnished, office for rent. Rental includes use of waiting room, bathroom and kitchenette with refrigerator and microwave. This office is part of a large two office suite. The other office is occupied by a full time practicing psychiatrist. Location is on Thomas Jefferson Street NW between M St and the canal. Please call for further information; 202-965-8938

Check out all classified ads at: http://www.msdc.org. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail allen@msdc.org, phone 202-466-1800, ext. 103. MSDC members can post ads at no charge!

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On July 1, Medicare Physician Payments Will Be Cut 10.6 Percent Unless Congress Passes New Legislation

Join your colleagues for a rally on

April 2, 2008 • 10 a.m. • Upper Senate Park • Washington, D.C.

On April 2, join the Medical Society of the District of Columbia, the American Medical Association (AMA) and your physician colleagues from across America to press Congress to provide Medicare payments that reflect increases in medical practice costs. Wear your white coat and join in our rally on Capitol Hill. Your voice, your presence on Capitol Hill will send a strong signal this election year that Congress must change its approach to Medicare payments. Contact MSDC at **202 466-1800** or visit *www.ama-assn.org/go/nac* for more information.

Physician profiling: How to prepare your practice

1. **Review your contracts.** Have the insurers with whom you contract expressly preserved the right to profile physicians? If so, does each contract specify the appeal mechanism or other physician rights with respect to profiling?

2. **Learn the metrics of the program.** Regardless of what your contract provides, ask your insurers the following: What data will be collected? How will data be collected? What methodology will be used to evaluate the data? In other words, **learn exactly how the program works**.
   a. Request a complete listing of the quality measures that the insurer will use to determine your quality rating based upon your specialty.
   b. Find out which **efficiency measurement system** the insurer will use.
   c. Raise concerns if the **quality measures** are not appropriate to your specialty or the efficiency methodology is not statistically valid. Visit ***www.ama-assn.org/go/pfp*** for more information on the problems with current efficiency measurement programs and to download "Economic profiling of physicians: What is it? How is it done? What are the issues?" (This report is available to AMA members only.)

3. **Develop the necessary infrastructure** to capture and evaluate your own data.
   a. Use patient registries to measure your own performance. In addition to their use in pay-for-performance programs, patient registries may provide a physician with the means to measure his or her individual performance, using his or her own data as a benchmark, when comparing a practice's data to the profiling information of health insurers. Visit ***www.ama-assn.org/go/pfp*** for more information on patient registries and to download "Optimizing outcomes and pay for performance: Can patient registries help? (This brochure is available to AMA members only.)
   b. Employ the full potential of your computer system. A medical practice with a computer system can query patient records and administrative billing data for the appropriate ICD-9-CM codes for chronic diseases to obtain a listing of patients and their associated data.

4. **Train your staff**. Careful coding is critical, as profiling systems are based on claims data. Make sure your staff properly collects and reports all the information relevant to your profiling score.
   - Ensure that all the relevant ICD-9-CM codes for each patient's diagnosis are reported on each claim, as this information is essential for proper risk adjustment.
   - Make sure the Current Procedural Terminology (CPT®) codes that accurately identify the services or procedures performed are reported on each claim. Do not select a CPT code that merely approximates the service provided. If no CPT code exists for such procedure or service, then report the service using the appropriate unlisted procedure or service code.
   - Check that the documentation in the medical record supports the ICD-9-CM and CPT® codes selected.
   - When reporting codes for services provided, it is important to ensure the accuracy and quality of coding by verifying the intent of the code. You can do so by using the related guidelines, parenthetical instructions and coding resources—including *CPT® Assistant* and other publications resulting from collaborative efforts of the AMA with the medical specialty societies.

5. **Show your patients you care, and educate them about physician profiling schemes.** Conduct patient satisfaction surveys, and order and display the AMA poster on unfair physician measurement systems. Poster #NC424607 is free to AMA members by calling (800) 621-8335.

If you believe you have been unfairly profiled, ask for the necessary information and data from the insurer and **always file a formal appeal**. Visit ***www.ama-assn.org/go/pfp*** to download the flier "Tiered and narrow physician networks: How to challenge your profile or placement," and contact the AMA Private Sector Advocacy unit at (312) 464-4835.

GEA:07-1241:PDF:2/08

MSDC to File an Amicus Brief in *Consumers Checkbook v. United States Department of HHS* (DC Cir.)

In 2007, Consumers' Checkbook submitted a Freedom of Information Act request to CMS, requesting disclosure of Medicare claims data from an HHS database. While the request did not seek patient identifiers, it did seek physician identifiers linked to each claim. The information was requested so that Consumers' Checkbook could distribute it to the general public and allow consumers to determine" (1) whether the government is allowing and paying for Medicare physicians with less-than-optimal levels of experience to perform difficult procedure…,(2) whether the government is allowing Medicare physicians with insufficient board certifications, histories of disciplinary actions, or poor score on independent quality assessments to perform high volumes of difficult procedures for which they may not be qualified…, and (3) whether Medicare physicians are exhibiting practice patterns that conform with existing guidelines." HHS denied the request, but Consumers' Checkbook sued HHS in US District Court and on August 22, 2007, the District Court granted a motion for summary judgment against HHS. HHS has appealed that ruling and MSDC is joining with a number of other groups in filing an Amicus Brief in support of the HHS appeal. The brief is being handled by Powers, Pyle, Sutter and Servile, and will include such groups as the AAOS, AANS, ACC, ACEP and ACOG. Please contact MSDC for additional details.

The AMA Educates Physicians on Establishing Practice Fee Schedules

The AMA has developed a new educational resource titled *"Fee schedule analysis: Using your complete practice cost as a guide."* This joint educational document was developed to help physicians and their practice staff recognize the need to establish their practice fee schedule based on what it actually costs to provide a service rather than basing their fee schedule on what a third-party payer or other entity decides is fair payment. This flyer includes a 12-step guide to help physician practices create their own unique physician practice fee schedule with an easy-to-complete spread sheet that will allow physician practices to include additional markup percentages, profit contributions to reserves and future expenditures. AMA members may access the flyer at **http://www.ama-assn.org/ama/pub/category/18013.html**

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