

NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

Maryland/Washington, D.C. Selected by CMS as One of Twelve Communities Nationwide to Receive Incentive Payments Using Certified Electronic Health Records

On June 10, 2008, at an announcement ceremony at Anne Arundel Medical Center, DHHS Secretary Michael Leavitt announced 12 communities nationwide that would participate in a 5-year demonstration project to provide primary care physicians incentive payments of up to \$58,000 and practices up to \$290,000 to computerize recordkeeping. To ensure that doctors use the new systems, and that the new methods really do improve care, the program will provide bonuses if doctors reach performance and quality benchmarks. The Medical Society of DC submitted its application in concert with the State Medical Society of Maryland and the Maryland Health Care Commission. In its application, the MSDC Executive Vice President wrote "The electronic health record is the medical record of the future – in fact, in many places, it is the medical record of today. We both know though, that it is a time where far too many medical practices are having a tough time meeting

expenses. Reimbursements from both government programs and commercial insurers are not keeping pace with the rising cost of medical practice, making it difficult for many practices to make investments in new technology such as the electronic health record. The decision by CMS and Secretary Leavitt to incentivize medical practices and reimburse them for some of the costs associated with EHR adoption is one that can be easily supported by all of organized medicine. We share the Secretary's view that adoption of EHRs and health information technology will serve as effective vehicles to improve the quality of care provided and transform the way medicine is practiced and delivered." At the announcement ceremony attended by MSDC Leadership, the Secretary responded that "The use of electronic health records, and of health information technology as a whole, has the ability to transform the way health care is delivered in our nation. We believe that EHRs can help physicians

deliver better, more efficient care for their patients, in part by reducing medical errors. This project is designed to demonstrate these benefits and help increase the use of this technology in practices where adoption has been the slowest – at the individual physician and small practice level." Please be on the lookout for additional information from MSDC regarding participation opportunities in the demonstration project.

Medicare Carrier for the DC Area to Change on July 11, 2008

Hello Highmark and farewell Trailblazer. CMS previously announced the awarding of the Medicare Part B contract for this area to Highmark Medicare Services of Camp Hill, Pennsylvania. There will be a number of impacts upon physicians as a result of this change and they are far too numerous to detail. Highmark encourages you to go to their website at <http://www.highmarkmedicare.com/transition/j12/index.html>. In addition to the wealth of important information on the website, you should be receiving transition newsletters by mail. During the next several months, Highmark will be establishing a carrier advisory committee and if you would like to participate, please contact Edward Shanbacker, EVP, at shanbacker@msdc.org.

Save the Date

Medical Society Gala Dinner Dance

Saturday, November 1, 2008

Mandarin Oriental
Washington, DC



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Medicare Payment Update

As *Newsline* went to press, a temporary fix to the Medicare payment mess was being debated in Congress. Absent Congressional action, a 10.6% cut in payments is scheduled to occur July 1, 2008, due to long-standing problems in the payment formula. There are several bills being debated in Congress which would replace the cuts with a positive update through December 31, 2009. However, Congress is unwilling to fix the formula at this point, nor fully fund the update being considered. The impact of Congressional neglect will be that physicians would then face a cut in excess of 20% on January 1, 2010 – a recipe for disaster. Organized medicine, led by the American Medical Association, continues to lobby Congress for fair and adequate reimbursement. Please watch the MSDC website for updates on Medicare payment.

March of Dimes Awards Grant to Providence Hospital in Order to Improve the Health of Mothers and Babies in Washington, DC

The March of Dimes Maryland-National Capital Area Chapter has awarded a grant to Providence Hospital to support The Center for Life Centering Pregnancy Program, which is aimed at underserved maternal and child health needs here in the Greater Washington DC area. This program will increase the availability and quality of health care and/or prevention services for pregnant women. The Centering Pregnancy model provides prenatal care to groups of up to 15 pregnant women including teens, sometimes as young as 13, with due dates within one month of each other. This total-care approach not only provides necessary prenatal medical care, evaluation, and monitoring, but also important educational information and emotional support. This

model, led by a certified nurse midwife, takes the women out of the waiting room and places them in direct contact with the health care provider for two hours on each of ten visits.

What if You Were Exposed to Radiation?

If you worked in the nuclear industry or lived near nuclear testing grounds between 1942 and 1971, you should be screened for radiation exposure. For more information, go to <http://ruralhealth.hrsa.gov/radiationexposure> or call 1-888-275-4772

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CMS Announces Plans to Develop “Physician Compare” Website

At its May 19 Practicing Physicians Advisory Council meeting, CMS announced its plans to develop a “physician compare” website to complement the agency’s Physician Quality Reporting Initiative (PQRI). This future site would mirror those already posted online for hospitals and dialysis facilities, and would possibly include information on which physicians participate in PQRI and whether they receive incentive payments for successful participation. CMS has requested public comment on several undecided topics related to the development of a physician compare website. These include measure selection, display format, data validation, and how to avoid unintended consequences.

The American Medical Association is in the process of arranging a briefing in June with senior CMS staff to discuss in more detail the agency’s plans for developing and implementing such a web site. AMA will aggressively communicate physicians’ concerns about the proposed program.

Medical Equipment Available for DC Residents

The Washington Area Wheelchair Society, in partnership with the Assistive Technology Program, is offering new, used, and recycled durable medical equipment to residents at its new equipment recycling center in the Christopher Price Building, 1301 Belmont Street NW, Suite 1D. The Disability Equipment Recycling Program offers wheelchairs, walkers, crutches, hospital beds, shower chairs, computers, and other assistive technology to disabled or ill people who have no other means of getting equipment; users also get help filling out paperwork for insurance or other benefits. The center is also accepting donations of used equipment, which can be refurbished for use by those in need. For more info, call (202) 332-2595, TTY (202) 332-2596.

Medical Society Supports Reimbursement of HIV Screening in Hospital Emergency Rooms

In early June, MSDC EVP Edward Shanbacker testified at the DC Council on behalf of the Society in support of legislation which would require health insurers to reimburse hospitals for the cost of HIV screening in the emergency room. Nothing in the legislation would require hospitals to perform such testing, but two District hospitals, Howard University Hospital and George Washington University Hospital, currently do screen for HIV. Unfortunately, insurers have refused to reimburse the costs of such screening when the place of service is an

emergency department. HIV screening in the emergency room is consistent with current CDC recommendations and included in the criteria are that the screening programs are voluntary on the part of the hospital and that there be an opt-out provision for the patient. Joining Mr. Shanbacker at the witness table was MSDC member Dr. Jeremy Brown of the GWUH Department of Emergency Medicine. Copies of the Society’s testimony are available by contacting MSDC headquarters. (See related story from the Department of Health on page 5.)

Coming This Fall – a New Effort that will Help Physicians Fight for Accurate Health Care Claims Payments and Reduce the Administrative Costs Involved in Submitting Claims

Cure for Claims Month is a campaign to heal the health care claims process and cut the national average of what physician practices spend on submitting claims from 10 to 18 percent to just 1 percent. The campaign urges physicians and their practices to, in November (when many health insurers unfairly hold back claims payment), hold payers accountable by reviewing and auditing claims for accuracy.

The Practice Management Center (PMC) of the AMA offers a number of resources covering every aspect of managing a physician practice, ranging from contracting with insurers and setting a fee schedule to working through appeals and collections. Visit www.ama-assn.org/go/pmc to access the PMC’s online resources. New tools are added frequently, so check back often for updates.



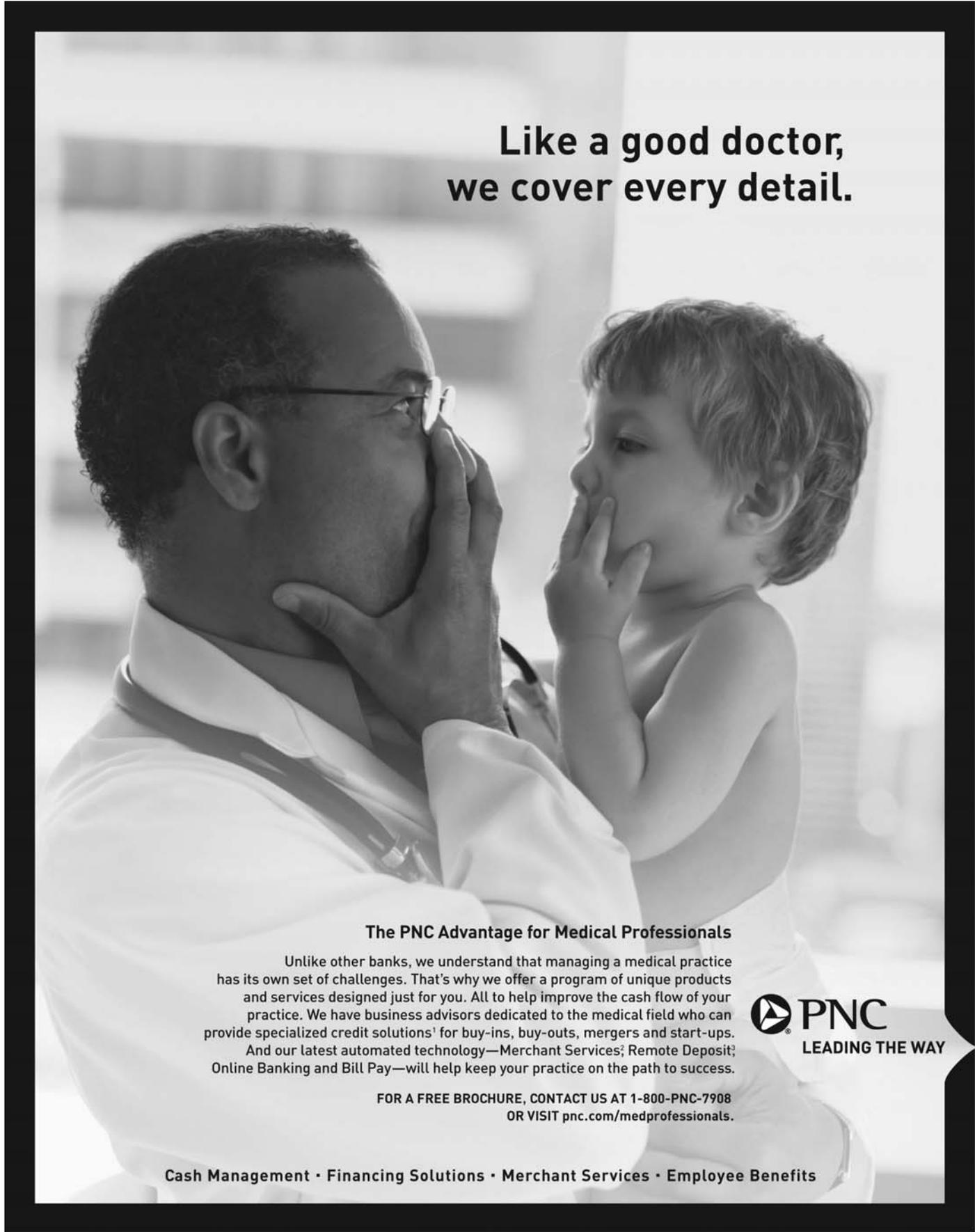
“Top Ten Efficiency Tips to Run Your Practice More Profitably”

Maureen West McCarthy, CPA, Snyder Cohn Collyer, Hamilton & Associates, P.C.

Maureen is a partner with the firm Snyder, Cohn, Collyer, Hamilton & Associates, P.C. and is the Director of the Health Care Consulting Division. Her extensive 25+ years of experience with healthcare organizations has made her a sought after industry expert and speaker.

Teleseminar
Wednesday, June 25, 2008
12:30-1:30 pm

Registration Required
Register online at www.msdc.org,
click on Tele-seminar or go to
<https://my.confertel.net/confertel/crs>
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ROUTINE OPT-OUT HIV TESTING IN MEDICAL SETTINGS: A New Standard of Care that Responds to DC's "Modern HIV Epidemic"

By Shannon L. Hader, MD, MPH, Senior Deputy Director, HIV/AIDS Administration, DC Department of Health

Although the District of Columbia has gone further than most jurisdictions in increasing access to HIV testing, we can and must do better still. Our surveillance data show that almost 70 percent of new AIDS cases are 'late testers,' or persons who were just diagnosed with HIV within 12 months of their AIDS diagnosis, often concurrently during a life-threatening opportunistic infection. This is nearly twice the national rate of 39 percent. And while we must continue to talk of HIV being a preventable infection, we must also remember to talk about AIDS being a preventable condition – the vast majority of persons diagnosed early in the course of HIV need not progress to AIDS.

We will never entirely eliminate 'late testing' until all people are universally accessing health services. However, more detailed data suggest that a good portion of persons newly diagnosed with HIV in DC have been accessing medical services without being offered testing. Preliminary data from the soon-to-be-released 2007 National Behavioral Risk Factor Survey showed that 73 percent of persons testing positive as part of the survey had seen a health care provider within the past year without receiving an HIV diagnosis. Early diagnosis not only saves lives of those infected with HIV, but it also prevents HIV transmission: most people diagnosed with HIV take precautions to help prevent transmission to others. Thus, District primary care and other medical providers offering HIV testing as routine opt-out care is a major strategy for immediately increasing the number of persons who know their HIV status, and potentially decreasing the proportion of late 'testers' and further transmission.

What does 'routine opt-out testing' really mean? **Routine** means HIV testing is offered automatically, and requires no extensive pre-test risk assessment or counseling. **Opt-out** means that patients have the right to refuse – just like they do for all blood draws or medical proce-

dures. This strategy recognizes that traditional risk-based and opt-in screening can be barriers to testing, and that in our current high-risk environment it is ineffective as the only approach – it will miss a large number of HIV-infected or HIV-exposed persons. It also responds to what experience and studies have shown – that being offered a test by their medical provider is one of the most common reasons people give for having been tested. Also, it responds to the often silent expectation that patients have of their providers: that if something is an important health threat, their provider will be sure to address it. After all, think of how few prostate exams we would do if patients had to specifically request them during their physicals!

The Centers for Disease Control and Prevention now recommend that all persons aged 13-64 be tested at least once in their lifetime, with additional testing based on risk screening for possible new exposures. In DC, due to the high rates of HIV, we've taken those recommendations one step further and recommend that everyone aged 14-84 get tested annually as the new standard of care.

Practically speaking, what does it take to move to routine opt-out HIV testing in a primary care setting? It can be as simple as working out a plan that covers the basics.

- **Physicians can let patients (and staff) know that their practice routinely screens for HIV.** We recommend incorporating HIV testing along with all other information into any general consent form a practice uses. Note that in the District, there is no special documentation requirement for HIV testing consent. Doctors can decide how else they may want to let patients know – Is it posted? Do staff mention this at check-in? During vital signs? During the exam? During blood draw? – and how will doctors and staff document

and adhere to patients' refusal if they decide to 'opt-out' during that visit.

- **Doctors can decide how to incorporate testing into their normal patient-care flow.** One approach is to add HIV to the basic blood panel and send it off with all other labs. Another approach is to use oral fluid or blood-based rapid tests that can give a preliminary result during the office visit – but note that rapid testing is not required for routine testing.
- **Providers can identify protocol and care plan for new positive findings.** If a primary care provider (PCP) has not done a lot of HIV testing before, often the best thing a physician can do is to speak with a colleague who has. A colleague may be able to better prepare a fellow doctor for what to expect, and may agree to be an 'on call' back-up if questions arise. Most importantly, a provider can figure out which HIV care provider(s) will be the 'next stop' for positive patients. Like other serious diagnoses, PCPs need to provide patients with sufficient basic information, support, and connection to specialized services. This doesn't mean every provider should or needs to take on HIV treatment themselves.

"HIV-positive" is a serious diagnosis of a serious disease. When an AIDS presentation is the first diagnosis of HIV, this is beyond serious – it is tragic. It signals that some opportunities for preventing transmission and preserving health, survival, and quality of life may have been lost. The core competencies of PCPs – being able to both help keep people healthy and also to help diagnose and deal with serious diseases – make providers a highly qualified front-line in the modern response to our modern HIV epidemic. With the help of DC's medical providers, the many people who are accessing health care in the District need never be 'late testers.'

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 Practice Management Benefit Available Now to MSDC Members

Enhance Practice Efficiency and Patient Satisfaction with Secure Mail

In direct response to national trends showing that patients want to communicate with their physicians via email, Medical Society Services, Inc. (MSS), the for-profit arm of the Medical Society, has partnered with Verizon/Echoworx to give MSDC members access to an email encryption product that safeguards physician-to-patient as well as physician-to-physician communications. MSDC members will receive a discount as part of the agreement.

Until recently, most encryption solutions have been cumbersome, expensive and difficult to implement, which has prevented many small- to mid-sized physician practices from using secure email products. The new MSS Secure Mail takes advantage of the latest technology to create a cost-effective, easy-to-use communication tool.

This product allows users to easily encrypt email messages and attachments,

protecting the privacy of their contents at the desktop as they travel from the sender to the recipient.

Each time a subscriber wants to protect sensitive patient information, he/she can press the "secure" icon. The email along with its attachments is encrypted at the sender's desktop and remains encrypted until the intended recipient decrypts the message. An MSS Secure Mail subscriber can send a secure email message to anyone, including contacts or patients that are not subscribers of the service. Non-subscribers will get an email telling them that they have received an encrypted email; they can click on a password-protected link to retrieve it at the web-based Message Pickup Center.

For more information on MSS Secure Mail and to sign up, go to <http://www.msdc.org/membercenter/securemail.html>.

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“Welcome to Medicare” Benefit Available

Do you and your office staff know about the “Welcome to Medicare” exam? If not, here is some information about this terrific benefit for your patients that are new to Medicare participation:

- A one time “Welcome to Medicare” physical exam for any patient new to Part B Medicare
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More information about the “Welcome to Medicare” benefit can be found in the free “Guide to Medicare Preventive Services” (CMS Pub No 10110) at www.medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227).

It's That Time of Year!

Are you interested in serving in a leadership role at MSDC? Do you know a colleague who would be a good addition to our Board of Directors? Contact MSDC President, Joseph Gutierrez at 202-262-9008 or MSDC EVP, K. Edward Shanbacker at 202-355-9401.

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Pediatric Practice in the Spring Valley DC area (The Pediatric Village), We are looking for a pediatrician to cover call during our August vacation. Please call Dr. Cheryl Edmonds at 202-244-1553 for specifics.

For Sale – Condo medical office, 2317 Sq. Ft., 3 Washington Circle, NW, across from GW Hospital, 1 block from Metro, all rooms with sinks, 2 bathrooms, separate private doctor's entrance off the street, ideal for 1-3 MD's, \$1.3 M. Call 202-466-7711

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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 may post ads at no charge!

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