

NEWSLINE

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

MEMBERS IN THE NEWS

Joseph E. Gutierrez, M.D., MSDC President, has been racking up the frequent – flyer miles this summer representing MSDC members at the annual meetings of the State Medical Associations in Florida and West Virginia. Early this fall, he'll continue this assignment with attendance at the Maryland State Medical Society Meeting in Ocean City, M.D. In addition to his MSDC responsibilities, Dr. Gutierrez is in the middle of a two-year term as Chairman of the Southeast Delegation to the AMA – an organization representing 13 state medical associations seated in the AMA's House of Delegates.

Eliot Sorel, M.D., D.L.F.A.P.A., former MSDC President and Board Chairman, Clinical Professor in the GWU School of Medicine and Health Sciences and Professor Adjunct in the School of Public Health and Health Services participated as PAHO/WHO adviser in the WHO Europe Ministerial meeting on Health Systems, Health and Wealth in Tallinn in Estonia, June 25-27, 2008. The meeting convened health and finance ministers from 53 European countries who developed together and ratified the Tallin Charter, a new framework for strengthening health systems performance, making them a solid partner across sectors, and reframing the European nations' health and health systems as an investment assuring equity, quality and universal health access to all Europeans contributing to sustainable development and wealth generation. The Tallinn Charter can be accessed at www.who-europe.org.

FROM THE EXECUTIVE VICE PRESIDENT

Your Support is Our Greatest Asset

K. Edward Shanbacher, Executive Vice President

On behalf of the Medical Society of the District of Columbia, I would like to personally thank you for your membership in the Medical Society during this past year. Your support of the Medical Society is our greatest asset and allows us to continue serving as the "Voice of Medicine" in the District of Columbia. Your commitment to the Society's continued advocacy, your colleagues, and the patients you serve will go a long way toward ensuring our continued success in 2009. MSDC is fighting for you – advocating on your behalf to make Washington a better place in which to practice... just as we have for nearly two centuries.

This past year, with your help and support, we were able to achieve several victories that will tangibly benefit your practice. First, working with the American Medical Association and all of organized medicine, we were able to defeat a 10.6% reduction in Medicare reimbursement. **The impact of this victory is that each District physician – on average – will receive an additional \$9,000 in Medicare payments over the next 18 months!** Secondly, at the local level, we were able to obtain a **100% increase in Medicaid reimbursement** effective October 1, 2008! And realizing that good things come in threes, MSDC was able to secure a CMS demonstration project that will provide incentive payments to select physician practices using electronic health records. On the private payer side, we continue to advocate on your behalf and

were successful in winning passage of legislation earlier this year to require health plans to pay for health care services when provided in a clinical trial.

When we can't get what you need in the halls of Congress or at City Hall, then we go to court – which is where we currently are in two separate cases. In one case, we are fighting to uphold the District of Columbia peer review statute which provides immunity and confidentiality to physicians performing peer review. In the second case, we are fighting the release of confidential physician Medicare data to the public in a suit filed by Consumer's Checkbook. These are but a few of our recent advocacy efforts on your behalf.

We know that the practice of medicine grows more and more complex everyday, and you can rely on the Medical Society of the District of Columbia to assist you as you face the challenges which lie ahead. Visit our website at www.msdc.org for late-breaking news, our newsletters, and updates about our Annual Meeting and Gala Dinner Dance, Saturday, November 1st, at the Mandarin Oriental Hotel. Please don't hesitate to contact me if there is anything I or our staff can do to assist you. I'd especially like to hear from you if there are new programs, products or services we should be offering in 2009. Feel free to call me directly at (202) 355-9401 or by e-mail at shanbacher@msdc.org. Again, thank you, and the Medical Society looks forward to working on your behalf in 2009!

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New Medicare Contract Now in Place

On July 14, 2008, the Medicare contract with Trailblazer Health Enterprises ended, and Highmark Medicare Services began Medicare contract administration in Delaware, Maryland, Northern Virginia and the District of Columbia. The Medical Society of D.C. served on the Transition Consulting Team in an effort to make the transition as smooth as possible. For most District physicians, that was the case and enrollment and claims processing continued to be handled with minimal disruption. However, for a small number of practices, enrollment and claims processing did not go as planned, and the disruptions were significant. MSDC worked with each and every MSDC member practice who contacted us to obtain expeditious resolutions from Highmark and CMS. Working with the Highmark Vice President for the transition, MSDC was able to help every practice get faster resolution than otherwise would have been the case. Not every issue has been resolved at this writing, and we encourage our members to contact the Medical Society with any ongoing payment or enrollment issues so that we can advocate on your behalf. Please contact K. Edward Shanbacker at shanbacker@msdc.org or by phone at 202-466-1800 should you need the Society's involvement. Early in 2009, Highmark will establish the Contractor Advisory Committee, and should you wish to serve, please e-mail Mr. Shanbacker at the above address.

2007 PQRI Payments and Reports

CMS has released more than \$36 million in bonus payments to many of the more than 56,700 health professionals who satisfactorily reported quality information to Medicare under the 2007 Physician Quality Reporting Initiative (PQRI). 2007 data showed that about 16 percent eligible providers submitted at least one quality data code and slightly over one-half of participants qualified for bonus payments.

Physicians who successfully reported

PQRI measures should have received their payments by August 1, 2008. The average incentive amount for individual professionals is over \$600 and average incentive payment for a physician group practice is over \$4,700.

PQRI Final Feedback Reports for 2007 are now available on a secure webpage by CMS. These reports include information on reporting rates, clinical performance, and incentives earned by individual professionals, with summary information on reporting success and incentives earned at the practice (TIN) level. Two Medicare Learning Network (MLN) articles detail the registration process needed to access these reports (MLN Matters SE0747 & MLN Matters SE0753). For copies of the articles, go to www.hhs.cms.gov/mlnmatters.

More information about registering in the Individuals Authorized Access to CMS Computer Services (IACS) and accessing 2007 PQRI Participant Feedback Reports can be found on the PQRI website at www.hhs.cms.gov/PQRI.

Medicare E-prescribing Initiative Coming Next Year

Medicare is starting a new program to encourage physicians to adopt e-prescribing systems. Incentive payments will be available beginning in 2009 for physicians who meet the requirements of the program. The initiative is part of the Administration's broader efforts to accelerate the adoption of health technology and the establishment of a healthcare system based on value.

Beginning in 2009, and during the next four years, Medicare will provide incentive payments to eligible professionals who are successful electronic prescribers. Eligible professionals will receive a 2 percent incentive payment in 2009 and 2010; a 1 percent incentive payment in 2011 and 2012; and a 0.5 percent incentive payment in 2013.

Beginning in 2012, eligible professionals who are not successful electronic prescribers

will receive a reduction in payment. Eligible professionals may be exempted from the reduction in payment, on a case-by-case basis, if it is determined that compliance would result in significant hardship.

List of Medicare "No-pay" Hospital Events Expanded

On August 1, the Centers for Medicare and Medicaid Services (CMS) released its final 2009 Medicare Hospital Inpatient Prospective Payment Systems (IPPS) rule. In addition to providing updates for Medicare hospital payments, the regulation adds three new hospital acquired conditions (HACs) to the current list of eight conditions for which Medicare will not make additional payments if they are acquired in the hospital setting. In a proposed rule issued earlier this year, CMS identified nine new potential categories of "no pay" conditions, six of which were omitted based on public comments from the AMA and other national health care organizations. The three new conditions on the list include: surgical site infections following certain elective Orthopaedic and bariatric procedures; certain manifestations of poor control of blood sugar levels; and deep vein thrombosis or pulmonary embolism following total knee and hip replacement procedures. In addition to the final rule, CMS also sent a letter to state Medicaid directors providing information on how states can adopt the same "no-pay" policies. The final rule will appear in the August 19, 2008 Federal Register, and will be effective for hospital discharges on or after October 1, 2008.

CMS also announced on August 1 that a process is open to develop three National Coverage Determinations (NCDs) to address Medicare coverage of certain surgical events, including operations performed on the wrong patient or wrong body part, and when the wrong operation is performed on a patient. The NCD homepage can be found at http://www.cms.hhs.gov/mcd/index_list.asp?list_type=nca.
(From the American Medical Association)

2009 MSDC Dues Statements Have Been Mailed

In order for MSDC to carry out its advocacy campaign on your behalf, it is critically important that all physicians in the city come together under the umbrella of the Medical Society of the District of Columbia. As a member of MSDC, we very much appreciate the support you have shown over the years – for your profession, your patients, and for MSDC. We encourage your prompt payment of 2009 dues so that we can continue to work on your behalf without interruption. **Please note there is a 10% discount for full Active members for payment by September 30, 2008!** Please do not hesitate to contact Barbara Allen at 202 558-3003 if you have any questions regarding your invoice.

Don't Have an EMR/EHR?

New AMA resource: Selecting the best EMR/EHR system for your practice
 Procuring an electronic medical record (EMR) or electronic health record (EHR) system for your practice can be an intimidating process with the many facets and the multitude of EMR/EHR vendors currently available. How do you select the one that's best for your practice? The American Medical Association has created the educational resource "15 questions to ask before signing an electronic medical record or electronic health record agreement" to help you assess your practice's needs and determine which vendor will best meet those needs. Visit the AMA Practice Management Center Web site at www.ama-assn.org/go/pmc to access "15 questions to ask before signing an electronic medical record or electronic health record agreement" as well as many other educational resources.

New Web Portal Now Available!

Effective August 2008, the new DC Medicaid Web Portal will be available. The Web Portal will offer assistance to providers on day-to-day issues. The Web Portal will be implemented in three phases with each phase offering new functionality and features.

The first phase will include the following:

- Provider Type Specific Billing Tips
- Provider Type Specific FAQ (Frequently Asked Questions)
- Provider Type Specific Forms
- Provider Type Specific Policies
- Latest News

Access to the DC Web Portal will be available 24 hours a day, 7 days a week, 365 days a year. Do not forget to bookmark the DC Web Portal address of www.dc-medicaid.com in your browser Favorites the first time you visit the site so you can quickly return again and again.

New regulations, effective April 1, 2008, require that a written prescription for any drug, including over-the counter drugs, for a Medicaid fee for service beneficiary shall only be written on tamper resistant prescription pads as that term is defined below. For the first year, the prescription pad must meet any one of the three criteria set forth here, but beginning April 1, 2009, the prescription pad must meet all three of the criteria.



- (a) The prescription pad contains one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
- (b) The prescription pad contains one or more industry-recognized features designed to prevent erasure or modification of information written on the prescription by the prescriber; or
- (c) The prescription pad contains one or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

New Regulations Regarding Tamper-resistant Prescription Pads

If you write prescriptions for Medicaid eligible patients, and expect to be reimbursed by Medicaid, then take a moment to read the following.

Mark Your Calendar for Loss Prevention Seminars

The 2008 ProAssurance Loss Prevention Seminar, From the Exam Room to the Courtroom—Loss Prevention for Today's Physician, began in April. The seminar uses case studies involving a variety of medical specialties to demonstrate how physician routines and habits impact the defense of malpractice claims.

Seminars take place from 6:00 to 8:00 p.m.; registration is \$100. Your full attendance may qualify you for a 5% premium credit upon policy renewal.

The schedule of remaining seminars follows. Please pre-register by visiting www.proassurance.com or calling Lawanna Hall at 800/282-6242, ext 4430.

- September 25 2400 N. St. NW American College of Cardiology
- October 21 2400 N. St. NW American College of Cardiology
- November 6 2400 N. St. NW American College of Cardiology

There's also a September 25, 9:00-11:00 a.m., ProAssurance Practice Manager Loss

MSDC MARKETPLACE

Lise Van Susteren, M.D., announces the reopening of her practice in General and Forensic Psychiatry at 900 New Hampshire Ave NW -across from GWU Hospital. Please contact her if you are also interested in becoming involved in issues concerning climate change. (301) 787-1780

FOR SALE: Approximately 1500 square feet, medical office space. Previously, this space had been used by a dentist. It is now used by a physician. Small waiting room, large waiting area, 2 small exam rooms (which are equipped with plumbing), small storage area, 2 bathrooms, 2 large examination rooms. Condominium. Two entrances. \$450,000 Dr. Albert (202) 966-5566 Upper North West DC (near UDC Van Ness METRO)

WANTED: Physicians to perform consultative examinations for disability for a DC

agency. All specialties needed, internists, orthopedists, cardiologists and neurologists. For further information, contact Martin Siskin-ph-(202) 442-8515 or Email- Martin.Siskin@ssa.gov Martin Siskin-Disability Determinations Division

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RN needed for well established certified surgical center/ oral and maxillofacial surgery practice. Mon-Fri. Compet. salary & comprehensive benefits pkg. avail. Located near Farragut West Metro. Fax resumes to (202) 466-5236.



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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Army Program Seeks to Highlight Medical School Scholarships

By Cameron Potts

Part of a long and distinguished tradition in American medicine, Georgetown student Elizabeth Puntenny is receiving exceptional medical training from one of the nation's premier medical schools, paid for through an Army scholarship.

She is one of hundreds of medical school students across the country planning to be part of the U.S. Army. Through the Health Professionals Scholarship Program (HPSP), Puntenny has the full cost of tuition to Georgetown Medical covered, as well as funding for the cost of books and a monthly stipend as a Lieutenant in the US Army Reserve (students become Regular Army officers when they begin residency).

While the number of students in medical school is still high historically, the number of students accepting HPSP scholarships across the country is down. This despite the rising cost of medical school and the fact that the Army scholarship covers the entire cost of school.

Part of the issue is a lack of information. Today's young people are inundated with information from all angles – television, the Internet, text messages, social networks, etc. Many simply aren't able to cut through the clutter and find information about Army medical scholarships. To help improve the situation, the United States Army Medical

Department has created a first of its kind medical advisory board in the Washington DC area. This high-level board of influencers will help advise the Army to find effective ways to tap into word-of-mouth professional peer networks.

Designed to promote the dissemination of positive and factual information about Army medical careers, the board consists of physicians, professors, medical school deans, association leadership and student leaders from the DC and Maryland areas. Joseph Gutierrez, MD, president of the Medical Society of the District of Columbia and Edward Shanbaker, executive vice president, are considering invitations to join the board.

Yearly, the US Army has approximately 400 medical scholarships to award to qualified students commissioned into the HPSP program. Once the student completes medical school, he or she will be matched into a residency program at an Army base such as Brooke Army Medical Center in San Antonio or Walter Reed in Washington DC. Typically, HPSP winners are required to serve one year of active duty for every year of residency training, typically four years.

"I applied for HPSP immediately after receiving my first acceptance to medical

school," Puntenny said. "Just like some students come in knowing they want to be an orthopedic surgeon, I knew I was interested in military medicine."

"An Army medical career is not for everyone. But for a number of students, the challenge, the variety and the opportunities in Army medicine present unique options they may not know about," explained Major Ron Poynter, commander of the US Army Medical Recruiting Company in Elkridge, MD. He said by forming the advisory board, the Army is looking to cut through the clutter of information students receive.

For Puntenny, deciding to join the Army during an active conflict was a daunting decision, but one that she doesn't regret. After carefully considering the risks, she determined that the benefits outweighed the potential challenges of being an active duty Medical Officer. Like many of her HPSP scholarship colleagues, she sees ample opportunities to grow and expand her medical knowledge.

The Medical Advisory board held its first meeting on June 25th in Silver Spring, MD. To learn more, or to offer your help to this cause, contact Major Ron Poynter at Ronald.Poynter@usarec.army.mil or at (410)379-0691.

Registration Now Open for the 2008 Medical Society Gala and Annual Meeting

On November 1, 2008, physicians from across metropolitan Washington will come together for the Medical Society's Annual Meeting. Registration material was mailed at the end of August and may be found on the Society's website at www.msdc.org. Registration is also available by calling Barbara Allen at 202 558-3003 or by e-mail at allen@msdc.org.

Electronic Health Records Resources

Enhance the Effectiveness of Your Electronic Medical Record.!!!

Do you have an electronic health record but are not sure how to maximize its capabilities? The Delmarva Foundation of the District of Columbia (DFDC), Medicare's Quality Improvement Organization (QIO) for the District, is recruiting adult primary care practices that have implemented a Certification Commission for Healthcare Information Technology (CCHIT), Certified Electronic Medical Record (EMR) and need assistance. At no charge, DFDC will show you how to electronically

track and report breast cancer and colorectal cancer screenings and influenza and pneumococcal pneumonia immunizations. Practices that successfully document preventive services can participate in the Medicare Physician Quality Reporting Initiative (PQRI) and may receive a cash incentive payment of up to 1.5% of all Medicare billing.

For additional information, please contact Beth Franklin at 202-496-6542 or email at prevention@dfmc.org.

Safe RX Mandates for Physicians

In January 2008, the Council of the District of Columbia voted 7-6 to pass the "SafeRx Amendment Act of 2007." The law addresses several distinct areas and will impact the practice of medicine in several ways. First, pharmaceutical reps (or "detailers" as they are called) who market products in the District will be required to be licensed by the DC Board of Pharmacy. They will have to meet certain educational qualifications and adhere to a code of ethics. The legislation mandates that detailers be a graduate of a recognized institution of higher education (an exemption from the education requirement exists for those who have been detailers for at least 12 months). The Code of Ethics will be developed by the Board of Pharmacy. Additionally, detailers are forbidden to engage in deceptive or misleading marketing of a pharmaceutical product and must not use a title or designation that might lead a licensed health professional, or an employee or representative of a licensed health professional to believe that the detailer is licensed to practice medicine, nursing, dentistry, optometry, pharmacy, or other similar health occupation in the District unless the detailer currently holds such a license. In addition to regulating detailers, SafeRx establishes an evidence-based pharmaceutical education program within the Department of Health to educate physicians and other prescribers who participate in the District of Columbia Medicaid program, and other publicly funded, contracted, or subsidized health-care programs. The course curriculum will include such subjects as the therapeutic and cost-effective

utilization of pharmaceutical products, providing information to physicians about pharmaceutical product marketing practices that are intended to circumvent competition from generic drugs, other therapeutically equivalent alternatives, or other evidence-based treatment options, and to utilize, or incorporate into the program other independent educational resources or models proven effective in promoting high quality, evidence-based, cost-effective information.

Additional Requirements for Continuing Medical Education (CME)

Further, the law mandates that physicians will need to include pharmacology training in their CME for the licensure period ending 12/31/10. The Board of Medicine will publish appropriate regulations after the effective date of the Law regarding the CME requirement, but physicians will be provided plenty of time to adjust their own training schedules to adhere to new CME requirements.

Safe RX requires that all pharmacology CME courses:

- must be evidenced-based;
- must provide physicians with information about the cost-effectiveness of pharmacological treatments; and
- must not be financially supported by any pharmaceutical company.

Again, the reader is reminded that any change to the current CME requirements will not be applicable to the renewal period beginning in the fall of 2008 for renewals effective January 1, 2009.

Off-Label Prescriptions and Informed Consent

Finally, of particular note, physicians must obtain verbal "informed consent" from patients prior to prescribing,

administering, or furnishing a prescription medication to a patient for an off-label use.

Informed consent includes the following 2 elements:

- make a reasonable effort to explain to the patient, in easily understood terms, that the medication is not within the uses approved for that medication by the FDA and
- provide the patient with information regarding the potential risks and side-effects associated with using the medication off-label.

The purpose of the informed consent provision is to ensure that physicians continue to practice good medicine. The purpose is not to try and "catch" good physicians. The support for this position may be found in the penalty section of the Act relating to a violation of the informed consent provision. As currently before Congress for review, Section 204 states "...a prescriber shall not be subject to an adverse licensure action if the Board of Medicine determines that the prescribing, administering, or furnishing of the prescription medication for the off-label use was clearly evidence-based and the common practice within the medical community."

Physicians who have questions regarding the implementation of the new law should contact the Board of Medicine. Additional information will be published in forthcoming newsletters as it becomes available regarding the effectiveness and safety of pharmaceutical products. The District of Columbia will be the first jurisdiction to license pharmaceutical sales representatives. It is anticipated that there will be a phase-in period prior to the effective date of any licensure requirement to afford all who presently work as detailers to apply for and receive the new license.

*By John C. Greenhaugh, Esq.
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Medical Collections

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Certification Commission Helps Physicians Choose Electronic Health Records

The decision to move from paper to electronic health records (EHRs) can be a daunting task. With more than 200 software products to choose from, it's hard to know which is best for your practice. And if you do find a product that you are considering purchasing, how can you be guaranteed that it meets certain standards?

The Certification Commission for Healthcare Information Technology (CCHIT®) was founded with the goal of helping physicians choose an EHR product that's not only right for their practice, but that also fulfills expectations.

Since 2006, CCHIT, an independent, non-profit organization and a federally recognized certification body, has been inspecting and certifying EHR products.

All of the products that are CCHIT Certified are rigorously tested in the following areas:

Functionality – the ability to create and manage electronic records for your patients, as well as automate the workflow in your office

Interoperability – the ability to receive and send electronic data to others such as laboratories and pharmacies

Security and reliability – the ability to keep your patients' data private and secure

With these basic questions covered, your practice can spend less time “screening” a myriad of vendors, and more time comparing a smaller number of candidate products in depth.

CCHIT certification helps physicians make informed purchasing decisions for EHR products, ensuring that these systems can enhance the quality and efficiency of health care. Ultimately, all stakeholders – and especially patients – will benefit greatly from the widespread adoption of health information technology.

A list of certified products, more information about CCHIT and a Physician's Guide to CCHIT Certification is available at www.cchit.org. For information about evaluating, selecting and implementing EHRs in your practice, go to www.ehrdecisions.com.

PhRMA Issues Updated “Code on Interactions with Healthcare Professionals”

In July, the Pharmaceutical Research and Manufacturers Of America issued a revised code to reflect the changing relationship between healthcare professionals and the pharmaceutical industry. The 2008 code will:

- Eliminate “gifts” to physicians, only allowing for item of educational value to patients or physicians
- Prohibit out-of-office meals from sales representatives
- Enhance the independence of continuing medical education funded by companies.
- Set guidelines on the use of prescriber data, supporting appropriate use of the data, allowing for physician opt-out, and providing a contact for physicians.
- Require training and monitoring of sales representative to maintain the highest ethical standards.
- Require company CEOs and Compliance Officers to certify annually that they have policies and procedures in place to foster compliance with the Code.
- Provide a venue on PhRMA website for patients and physicians to learn where to voice concerns and view a list of companies that have signed onto the Code
- Create a more transparent speaker and consultant relationship by requiring disclosure of relationships with industry and requiring each company to cap the amount of annual compensation and individual physician speaker can receive.

DC Health Summit 2008 Calls for Doctor Participants

With the rising cost of health care in both the DC Metro Region and the nation, it is no surprise that the demand for creative solutions from within the healthcare system is also on the rise. The federally-implemented Consumer Driven Healthcare (CDH) movement has helped to lower premium costs for many small businesses, yet even with these tax-advantaged plans many small businesses are still unable to afford adequate health care coverage for their employees.

The DC Health Summit, which takes place October 29th at the Mandarin Oriental Hotel in Washington DC, is an event designed to facilitate an open dialogue between the different interest groups that make up the current healthcare system: patients, hospitals, non-profits, politicians, insurance carriers, business leaders and doctors. As the face of the healthcare system, the input of doctors is essential to the success of the event, and those interested in engaging in such a dialogue are strongly encouraged to attend.

DC Health Summit 2008 will take place October 29th from 11am to 1pm at the Mandarin Oriental Hotel. To register or for more information please contact Jon Read by phone at 301.330.5300 x220 or by e-mail at Jon@golden-cohen.com.

The Health Legacy Partnership has announced the establishment of the Joseph H. Kanter Prize

The Kanter Prize will be awarded to a community physician practicing in The United States whose efforts best serve to minimize disparities in health care delivery. The first award, \$100,000 and a medal, is planned for April 2009. Additional details on the nomination and selection procedure may be found at www.Healthlegacy.org.

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K. Edward Shanbacker

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Do You Know Someone Who Deserves Special Recognition by His or Her Peers?

There is still time to nominate a colleague or organization for a 2008 MSDC Special Award. All nominations must be received by October 1, 2008. Awards will be presented at the 2008 Annual Gala on November 1, 2008. Nominations are being accepted for the following awards:

- http://www.msdc.org/awards/pastwinners_certificate.shtml **Certificate of Meritorious Service.** This award is presented to a physician member in recognition of distinguished service to the medical profession.
- http://www.msdc.org/pastwinners_epps.shtml **Dr. Charles H. Epps, III Community Service Award.** This award recognizes a physician member for outstanding public service to the community.
- http://www.msdc.org/awards/pastwinners_johnbenjamin.shtml **John Benjamin Nichols Award.**

This award distinguishes a lay person, organization, or both, in recognition of outstanding contributions toward improving the health of the community.

- **Distinguished Service Award** – Presented to a physician member for outstanding service to the Medical Society of the District of Columbia.

Nominating someone is Easy! Contact Barbara Allen, e-mail allen@msdc.org, phone 202-466-1800, ext. 103, to have a nomination form faxed to you. Deadline: All entries must be received by the Medical Society before close of business on October 1, 2008. Mail entries to MSDC Awards, c/o Medical Society of DC, 1115 30th Street, NW, Suite 100, Washington, DC 20007. Or, fax forms to 202-452-1542 (attn: Barbara Allen). Note: Past winners are not eligible in the category or categories for which they have already won.

Online Career Center is Ideal Resource for Job Seekers and Recruiters

MSDC launched its physician-specific, online career center to be the primary resource for the DC medical community to make online employment connections.

With the MSDC Career Center, employers can access quality candidates, upload job postings quickly and easily, access online reports with job activity statistics, and benefit from competitive pricing. Job seekers can take advantage of free and confidential resume posting, automated weekly e-mail notification of new job listings, and the ability to save jobs for later review.

MSDC has partnered with Boxwood Technologies to bring this service to its membership. Boxwood Technologies is a leading provider of online career centers for professional associations and societies.

For more information and to access the Career Center, go to **HYPERLINK** "<http://www.msdc.org>" www.msdc.org and click on the "Online Career Center" link on the right side of the page.