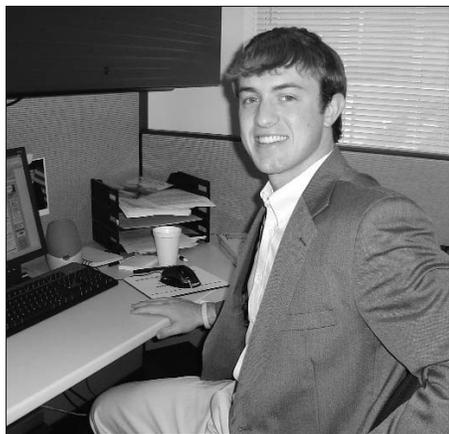


# NEWSLINE

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

## Here's a Sample

By Christopher W. Lee, Associate Director  
of Membership and Communications



Christopher W. Lee, New Associate Director  
of Membership and Communications

In such a tough economy, I have been very fortunate to find myself working with the great people at MSDC. There are many challenges that lay ahead in my areas of membership and communication, but I'm surrounded by the members and staff I need to meet those challenges. I have the wonderful opportunity of sharing experiences with the sharpest minds in medicine: MSDC physicians and staff. But most importantly, I may be able to find a physician who can diagnose a powerful blood disorder I've had the pleasure of carrying since birth. The only symptom: I bleed blue.

I don't intend to shock anyone, but it's the truth, figuratively speaking. There's also a family history. My parents, brothers, aunts, uncles, grandparents and cousins all bleed blue. Actually, everyone from my home state of Kentucky bleeds

(See LEE, p. 4)

### MEDICARE

## New Medical Director at Highmark Medicare

Laurence J. Clark, M.D., F.A.C.P. has assumed the role of Highmark Medicare Medical Director for the DC Metropolitan area and the State of Maryland. It is a role that he is familiar with, as he performed in this capacity with TrailBlazer Medicare for five years. Dr. Clark, a Georgetown University School of Medicine graduate, brings a practicing physician's sensibilities

to the position as he continues to practice Internal Medicine in Alexandria, which he has done for over twenty-five years at the same location. He looks forward to the challenge of working in the Medicare Administrative Contractor environment, and renewing his working relationships within the Highmark contract region.

### MEDICAID

## Medicaid Payments Increase

Effective April 1, 2009, rates for Medicaid services were increased for the District of Columbia Medicaid fee-for-service program. The new rates are set at 100% of the Medicare rates that were in effect on April 1st. In the future, the rates will be updated every January 1st to match the Medicare rates. Correcting this oversight in payment would not have been possible without the collaboration of our MSDC member physicians and office staff.

The Department of Health Care Finance (DHCF) previously announced reenrollment of providers will be required. Now it has determined that the burden of reenrolling all current Medicaid providers would be greater than the benefits to the Department. In place of reenrollment, DHCF is requesting that the enrollment form be completed and returned via mail or fax to Affiliated Computer Services (ACS).

If you have already reenrolled, DHCF thanks you for your time and apologizes for any inconvenience.

The updated 2009 Fee Schedule and

Enrollment Form are available online at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

The DHCF Medicaid vendor, ACS, will also be available to answer questions and/or concerns. The ACS Provider Inquiry Unit can be reached at (202) 906-8319 or 1-866-752-9233 (outside DC Metro area).

### MSDC First to Support Guard/Reserve



Ed Shanbacher, MSDC, and Tom Bullock, ESGR, with signed Statement of Support. See article on page 2

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# MSDC Will Increase Legislative Activity

By K. Edward Shanbacker, EVP

During the past two months, the Council has set the FY 2010 District Budget, effective October 1, 2009. The budget has been adopted and legislative activity is likely to increase prior to the Council's recess on July 15, 2009. MSDC will send out legislative alerts as needed by e-mail, so please make sure that we have your current e-mail address. You may do so by e-mailing Barbara Allen at allen@msdc.org.

## DC Council to Discuss New Liability Bills

Separate pieces of legislation are working their way through Council Committees to change District law on therapeutic substitution and to expand the laws pertaining to private cause of action. Scheduled to be heard in the Council's Committee on Public Services and Consumer Affairs, B18-103, the Insurance Claims Consumer Protection Act of 2009, would aggravate an already difficult medical liability insurance climate. The bill would provide for private causes of action for plaintiffs in medical liability cases to sue the insurance company. The impact of the law would ultimately drive up costs and increase premiums for coverage. While the scope of the law will impact all types of insurance, MSDC is most concerned about its impact on medical liability insurance – given the already hostile climate in the District. The legislation is scheduled to be heard in Committee on June 4, 2009, and MSDC Legislative Committee Chair Marc Rankin, M.D., is scheduled to testify.

## MSDC Set to Take On Therapeutic Substitution Bill

Also on the Council's docket is a bill introduced by the Committee on Health Chair, David Catania, which seeks to require therapeutic substitution in certain circumstances. B18-240, the Prescription Drug Dispensing Practices Reform Act of 2009, would amend DC law to state, "When a pharmacist receives a prescription, the pharmacist may dispense a therapeutically equivalent product, and, if a therapeutically equivalent product is dispensed, the pharmacist must dispense the product in stock having

the lowest current selling price." Failure to do so, on the part of the pharmacist, puts the pharmacist in jeopardy for civil fines and disciplinary action by the Board of Pharmacy. This legislation has generated wide-spread concern in both the physician and pharmacist communities. It puts patients at risk and will be opposed on those grounds. The hearing has been scheduled for June 11th and MSDC has already begun making its concerns known to the Council. Copies of the legislation are available by contacting Mr. Shanbacker at shanbacker@msdc.org .

## "Swine" Flu Exposes Agencies' Pandemic Response

Over the last few weeks, news broke about the Novel influenza A (H1N1) virus,

popularly called "swine flu." During the outbreak, staff at MSDC began coordinating information provided by the DC Department of Health and the US Centers for Disease Control to better understand the situation and how it could affect physicians and patients in the District. During the pandemic outbreak, MSDC staff kept members updated about procedures and protocols through the quickest medium possible – e-mail. If you did not receive the e-mails including guidelines for testing for swine flu and treating swine flu, please contact allen@msdc.org to help update your contact file. You should also check the settings on your SPAM filter, and make sure "@msdc.org" is an accepted sender.

# MSDC is the First State Medical Society in the Nation to Endorse Guard and Reserve Members

On May 6th, Edward Shanbacker, Executive Vice President of our MSDC, signed a "Statement of Support for the Guard and Reserve" for the Employer Support of the Guard and Reserve, an agency with the US Department of Defense.

By doing so, we became the first state medical society in the nation to officially endorse ESGR and the National Guard and Reserve members it represents. Physicians have a long history of service in the National Guard and Reserve, and many physicians continue to do so.

"This is the right thing to do and the right time to do it," stated Tom Bullock, Chief of Employer Outreach at ESGR. "The medical profession is one of the largest employers of

National Guardsmen and Reservists in the country.

ESGR provides no-cost educational services to employers and physicians who serve regarding the federal USERRA law. They also conduct mediation program at no cost if a dispute arises from conflicting interpretations, keeping any unpleasant processes out of the courts.

"It's an honor to partner with ESGR for this program. We are able to demonstrate our support for our member physicians who also serve in the National Guard and Reserve. Many of our servicemen don't get the credit they deserve, but I'm proud to recognize them on behalf of our MSDC," said Mr. Shanbacker.

"By signing the Statement of Support, the MSDC is sending a clear message and opportunity to other medical practices and associations across the country to join with them to ensure that while physicians are serving their country abroad, they do not have to worry about their jobs back home," beamed Mr. Bullock.

(See *FIRST IN NATION*, p. 7)

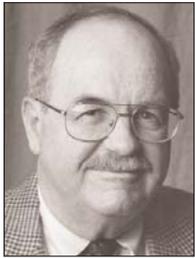
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## Physicians in the News



Dr. Howard – New SELA President!

William James Howard, MD, MACP, was elected to serve as President of the Southeast Lipid Association (SELA) at the National Lipid Association 2009 Annual Scientific Sessions held in

Miami Beach, Florida, April 30–May 3, 2009. A chapter of the National Lipid Association, SELA is a medical education society for healthcare professionals who work in the area of lipid management and preventive cardiology. Dr. Howard is a Professor of Medicine at the George Washington University School of Medicine. Congratulations, Dr. Howard!

Nelson P. Trujillo, M.D. received the Physician's Recognition Award from the American Medical Association for his dedication to patient care and continued professional development efforts. The award was recognized on May 1st of this year. Local physician Halcut C. Lawrence, M.D. also received the award, effective July 1. The AMA Physician Recognition Award is given to all physicians who average 50 CME credits per year. For more information about how you can receive this award, please contact your MSDC office.

### AMA Alliance

The AMA Alliance, with physician's spouses as member, has played an active and important role in advocating for the health of the medical family. If your spouse is interested in joining the Alliance, please visit [www.amaalliance.org](http://www.amaalliance.org) and look for their Join Today! icon.

*The mission of the American Medical Association Alliance, Inc. is to partner with physicians to promote the good health of America and to support the family of medicine.*

## And the Winner Is...

### Call for Nominations

The Medical Society of the District of Columbia presents our annual awards to individuals and organizations for outstanding service to the profession and the community. We have been presenting awards since 1941 and are very proud of the continued and distinguished history of these awards. We invite all MSDC members to submit nominations.

#### • Entry Requirements

Any member of the Medical Society may submit a nomination for one or more categories. Each nomination must have a separate submission. No past winners are eligible for nomination in their previous category. Contact Chris Lee at (202) 355-9414 to receive a Nomination Form and a list of past winners.

#### • Deadline

All entries must be at the Medical Society by 5:00 PM on Friday, September 15, 2009. Mail entries to Special Awards Nominations, c/o Medical Society of DC, 1115 30th Street, NW, Suite 100, Washington, DC 20007. Or, fax forms to 202-452-1542 (attn: Chris Lee).

#### • Judges

The Medical Society's Board of

Directors will review all nominations submitted by the deadline. The decisions of the Board will be final.

#### • Presentation

The awards will be presented at MSDC's Annual Meeting on October 21, 2009.

#### • Four Awards

*Certificate of Meritorious Service.* Presented to a physician in recognition of distinguished service to the medical profession.

*Dr. Charles H. Epps, III Community Service Award.* Presented to a physician for outstanding public service to the community.

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

*John Benjamin Nichols Award.* Presented to a lay person, organization, or both, in recognition of outstanding contributions toward improving the health of the community.

#### • Questions?

Contact Chris Lee at MSDC, 202-355-9414, [lee@msdc.org](mailto:lee@msdc.org)

## Don't Just Talk about Leadership – LEAD!

It should come as no surprise that the nation's capital, Washington, D.C., is obsessed with nominations and elections. And fittingly, our Medical Society of DC has some offices of its own up for nominations and election.

This election cycle, the following leadership positions are up for nominations:

- President Elect (1-Year Term)
- 3 Members-at-Large (2-Year Terms)
- AMA Delegate (2-Year Term)
- AMA Alternate Delegate (2-Year Term)

If you would like to offer your leadership vision and skill, or nominate a fellow physician, to fill any of these positions at MSDC, you need to:

- Be an active MSDC member in good standing
- Have a current and up-to-date CV prepared
- E-mail your CV with a short introductory message to Ed Shanbacker, Executive Vice President, at [Shanbacker@msdc.org](mailto:Shanbacker@msdc.org)

All nominations need to be in Mr. Shanbacker's hands by 5:00pm Wednesday, July 1st. The Ballot will be set for each position by the Leadership Committee on Thursday, July 2nd. The actual all-member voting period will begin August 24th through September 30th, 2009.

# AMA Joins with other National Groups to Save \$2 Trillion in Health Care Costs

In an unprecedented agreement, the American Medical Association joined with the Advanced Medical Technology Association (AdvaMed), America's Health Insurance Plans (AHIP), the American Hospital Association (AHA), the Pharmaceutical Research and Manufacturers of America (PhRMA) and The Service Employees International Union (SEIU) in pledging to cut costs associated with health care by \$2,000,000,000,000 (trillion) or more.

In a letter dated May 11, 2009, AMA President-elect, J. James Rohack, M.D. states:

"The need for health reform that provides coverage and high quality, affordable health care for all Americans is clear. Rising health-care costs strain individual, business and government budgets, and projected increases in health spending are not sustainable. The AMA is committed to action to help achieve greater value from our nation's health-care spending. We want to help bend the spending curve and move forward on health reform."

*(LEE, from p. 1)*

blue. On a seemingly unrelated note, they all happen to be UK Basketball fanatics as well. Except for a few Red-bloods, but they're from Louisville.

Back in my hometown of Lexington, KY, my father is a geotechnical engineer and my mother is a math curriculum director at two middle schools – one school ranks first in the state, and the other ranks in the bottom 10%. I have three brothers with the oldest a freshman basketball player at Milligan College in Tennessee, the second a fifth grader and the youngest a second grader. All, surprisingly, UK Basketball die-hards.

Somehow, out of high school, I found myself heading down South to Tallahassee, Florida. I never looked back. I love Florida State University. I love FSU football and the city on Saturdays during the fall. I had the opportunity to graduate in three years with a degree in Multinational Business and Communications, but I extended my studies one more semester so

The AMA is working through the Physician Consortium for Performance Improvement to identify possible improvements that can be made during the delivery of care to a patient, specifically "appropriateness of care, overutilization of some services and avoidable hospital readmissions."

Other policies and programs the AMA is pursuing include addressing the need of defensive medicine due to the threat of lawsuit. Medical liability reform has been an issue for AMA advocacy in the past and continues to be an issue. Also, the AMA is addressing the need to improve and standardize communication between physicians treating the same individual patient, which will help avoid any complications of treatment.

Health care reform has been an issue in election years, and continues to be a hot topic for debate every year. The AMA continues to be the legislative advocate for physician at a national level, and our MSDC continues to advocate for our physicians at a local level.

I could squeeze in one last football season. I have graduated and left that old city – my city – and moved on to Washington, DC to explore a new city – the nation's city.

I realize that as a recent graduate, I am younger than many of my predecessors and many of my peers in organized medicine. But this isn't the first time I've broken a norm. At the Capital Medical Society in Tallahassee, I was the first male and first non-communications major to hold the position of Public Relations Intern, beating out many public relations majors in the process. I'm also the first child in my family to attend an undergraduate school outside the state of Kentucky.

I guess I'm a trailblazer, a pathfinder, venturing into the unknown and unexplored. Could anything be more exciting and invigorating than that idea? I am absolutely thrilled about all the things going on this year in membership and communications, and am anxious to meet all the MSDC supporters. And maybe someone can tell me why I bleed blue.

## MSDC MARKETPLACE

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**SPACE AVAILABLE TO SHARE:** located in NW DC. 6 physician general internal medicine practice seeks additional doctor to share space and staff. Would work out well for a general internist or a medical specialist. Email [sharris@dcinternistsgroup.com](mailto:sharris@dcinternistsgroup.com)

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Check out all classified ads at:  
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Would you like to place an ad?  
Contact Barbara Allen for details,  
e-mail [allen@msdc.org](mailto:allen@msdc.org), phone 202-466-1800, ext. 103. MSDC members may post ads at no charge!

# Physician Profiling: What You Don't Know Can Hurt You

Last year in New York, Attorney General Cuomo announced his landmark settlements with insurers operating in his state. As a result of this decision, the insurers are now required to submit the rating criteria they use to place physicians in tiered networks, in which members pay lower co-pays or otherwise receive discounts for seeing favored physicians. Also, these insurers must abide by a set of standards for their physician profiling programs and hire an independent Ratings Examiner to report to the Attorney General every six months.

Shortly after the insurers signed agreements with Mr. Cuomo, members of the Consumer-Purchaser Disclosure Project adopted The Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs. Under this agreement, health insurers will follow a set of standards, hire an independent entity to audit their programs to ensure they use valid

measures to rate physicians, and work toward pooling their data.

These programs represent important steps forward, and the AMA contends that all physician-profiling programs must follow standards using valid methodologies, promoting transparency at all levels, and assuring accurate results. To encourage legislation on profiling programs, the AMA developed a model bill, which mandates profiling programs adhere to a set of standards, use valid quality measures, properly adjust for risk, use sufficient sample sizes, and correctly attribute episodes of care. Additionally, insurers must fully disclose the methodology and its limitations used to profile physicians, profile physicians at the group level, establish a reconsideration or appeal process, and hire an independent third party to oversee the program.

Recently, Colorado Gov. Bill Ritter signed legislation aimed at regulating the physician rating systems used by many of

the state's health insurers. The Colorado law requires health insurers to make their processes for profiling, rating or characterizing physicians more transparent, and ensure greater accuracy in the results. The law also provides for an appeal mechanism so physicians can challenge the validity of their rankings prior to their release or use by health insurers.

Regulations like those adopted in New York and Colorado, and documents such as the Patient Charter, are essential to help ensure that the physician performance information which health insurers provide patients is both reliable and meaningful. They establish processes that temper some of the risks that can result from physician profiling.

While the AMA neither supports nor opposes physician profiling, when it is done, patients and physicians have the right to understand how the profiles are  
*(See PROFILING, p. 6)*

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## WE ALL SERVE



JIM AINSWORTH OF NEVADA ESGR AND MIKE WILLIAMS, OPERATIONS VICE PRESIDENT OF NEVADA BASED REGIONAL EMERGENCY MEDICAL SERVICES AUTHORITY, WITH EMPLOYEES AND U.S. ARMY NATIONAL GUARDSMEN SPECIALIST TYLER TEESE, SERGEANT STEVE PARK, SERGEANT KEVIN BASTA, SERGEANT NICK HAMMOND, AND SPECIALIST MIKE ROEN.

**We all serve.** Whether serving our communities or our country, members of the National Guard and Reserve depend on their military units, families, and employers for support. Employer Support of the Guard and Reserve is a Department of Defense agency that seeks to promote a culture in which all American employers support and value the military service of their employees by recognizing outstanding support, increasing awareness of the law and resolving conflict through mediation.



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(*PROFILING*, from p. 5)

developed and expect that the results accurately reflect the realities of the physician practice. Some health insurers have evaluated physicians' individual work unfairly. Not only can incorrect and misleading information tarnish a physician's reputation, it is unfair to patients who may consider it when choosing a physician. Erroneous information can erode patient confidence, trust in physicians, and disrupt patients' longstanding relationships with doctors who know them and have cared for them for years.

In an effort to assist physicians engaged in programs that use physician data, the AMA Private Sector Advocacy (PSA) unit created an entire series of informational pieces designed to help physician practices understand and effectively deal with such programs:

- [Physician Pay for Performance Initiatives](#) details all facets of the pay for performance movement.
- [How Physician Incentives are Used to Impact Medical Practice](#) describes the incentive models in use and provides examples of these models in practice.
- [Tiered and Narrow Physician Networks](#) explains how these networks are constructed and gives numerous examples of programs.
- [Pay for Performance: A Physician's Guide to Evaluating Incentive Plans](#) provides physicians with a roadmap to evaluate pay for performance programs.
- [Optimizing Outcomes and Pay for Performance: Can Patient Registries Help?](#) describes how patient registries may be used to enhance pay for performance opportunities.

## Young Physicians' Section Formed

A new membership section is just beginning! If you are a medical student, resident or early career physician and want to get involved, please contact Kayla Pope at [kpopemd@gmail.com](mailto:kpopemd@gmail.com). There are plenty of social and volunteer for the summer and fall in the works, so stay tuned!

- [Economic Profiling of Physicians: What is It? How is it Done? What are the Issues?](#) explains how cost of care measurement is performed and what its abilities and limitations are in providing accurate results.
- [How to Challenge Your "Profile" or Placement in a Tiered or Narrow Network](#) gives physicians a systematic process to follow to challenge their profile ratings.
- [Physician Profiling: How to Prepare Your Practice](#) provides physician practices with steps to take to be well prepared for profiling programs.
- [TO OUR PATIENTS](#) is designed for physicians' offices to educate their patients on the problems with physician rating systems.
- [A Comparison of 4 Physician Profiling Programs](#) charts key components of The AMA model bill, the Colorado law, the Patient Charter and New York's settlement with CIGNA.

*Written by AMA Private Sector Advocacy staff, reprinted with permission. To access these AMA products on physician profiling please visit MSDC's website ([www.msdc.org](http://www.msdc.org)) to link to the original AMA material.*

## History's Memories

This column provides an insight into the past members of the MSDC, a connection they share with you. We've had some very important people share their lives and stories with the Society. They knew presidents, generals, industrial tycoons and congressmen. They left an impression on their world that we still see in everyday life – and it's our turn to make the same impression on our world now...

"There aren't many individuals who can say they matched Thomas Jefferson on classical architecture. But I, a trained physician and MSDC member, managed to impress both Jefferson, and George Washington with my designs.

"While working from my home in Tortola, British West Indies, I learned about an architectural competition in the new Federal City of America. President Washington had called for all interested parties to submit a design for the new House of Congress to a committee chaired by Jefferson, the forefathers' architect-in-residence. Being naturally interested in the arts of design, I took up the challenge.

"The submission deadline had passed when I was ready, but since they had not found a satisfactory plan, they allowed mine to be reviewed. I'm sure my friendship with the departed Benjamin Franklin had some effect on this decision.

"After a long review, on April 2nd, 1793, Jefferson and Washington officially accepted my design for the new House of Congress!

"After accepting the prize (\$500 and land in the Federal City), I moved my practice to America. In September 1794, President Washington appointed me to the Board of Commissioners of the District of Columbia, responsible for the civil development of the Federal City.

"After the dissolution of the Board in 1802, President Jefferson appointed me the first Superintendent of the Patent Office. I spent one of my most stressful weeks in that office – specifically, defending the office from British troops.

"In 1814, British troops invaded Washington, D.C., burning all the public buildings, but sparing the private ones. When they approached my Patent Office, I had to convince the soldiers to leave the building intact. The information inside the Patent Office was more than valuable to the United States – it was also valuable to the rest of mankind, including Britain.

"To this day you can see my influence on the Washington, D.C. landscape with the U.S. Capitol building, and see the impression I left on my own generation and the ones to follow as a curious physician and member of the Society."

Be the first member to name the person telling his story in the above section, and receive a \$50 gift card to McCormick and Schmicks Seafood. The two runners' up receive \$25 to Barnes and Noble. To submit, please [CALL](#) Chris Lee at (202) 355-9414. No e-mails will be accepted – timing can be inaccurate with email.

(FIRST IN NATION, from p. 2)

“This is a great program for all parties and I encourage everyone – both physicians and administrators – to follow our lead in supporting ESGR,” continued Mr. Shanbacker.

By signing the Statement of Support, your MSDC joins other organizations such as the American College of Cardiology, DC Chamber of Commerce and USAID among many others in the support of our National Guard and Reserve members.

Employer Support of the Guard and Reserve (ESGR) is a Department of Defense agency that promotes American employer to support and value the military service of their employees. The mission of ESGR is to gain employer support for Guard and Reserve service by recognizing support, increasing awareness of the law, and resolving conflict through mediation. For more information about ESGR, visit [www.esgr.mil](http://www.esgr.mil).

*If you or a physician you know serves with the National Guard or Reserve, please email Chris Lee at [-lee@msdc.org](mailto:-lee@msdc.org). They will be duly recognized in the next issue of Newslines.*

## Need Free Administrative Help?

Founded over 12 years ago, Training Futures has filled almost 200 medical office positions in the region with its medical terminology/billing and coding component. Qualified low-income individuals test into the six-month program and come away with skills in Microsoft Office, customer service, filing, business and medical office instruction.

With Northern Virginia Community College, the Training Futures curriculum provides up to 17 college credits for trainees. NVCC's medical education faculty delivers 35 hours of health care sector training during the first few months of the program. The sessions include medical terminology, HIPAA confidentiality standards, and an introduction to health care information technology, insurance and coding.

Following their instruction program, trainees are sent on three-week internships to local hospitals, doctors' offices and organizations. Internships give trainees the

opportunity to gain office experience, and allow employers to test out potential new hires at no cost. When the current group of trainees graduate on August 27, 2009, they will be prepared for a variety of entry-level administrative jobs, such as receptionists, billing/accounting clerks, administrative assistants, customer service/patient services representatives and medical records/file clerks.

Health care employers can participate by hosting free, trained interns for three-week assignments or by attending job fairs to pre-screen candidates for open positions in one morning. The next internship dates are July 6-24 and the upcoming job fairs are on August 12 and 18. To learn more about Training Futures and to participate in these events, please call Marla Burton at 703-448-1630 or email her at [mburton@nvfs.org](mailto:mburton@nvfs.org). You can view resumes of current job seekers at [http://www.nvfs.org/trainingfutures\\_resumes/](http://www.nvfs.org/trainingfutures_resumes/).

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# MSDC NEWSLINE

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## Meet the MSDC Staff



*Chris Lee, Rose Smith, Barbara Allen and Ed Shanbacker*

The wonderful staff at our Medical Society of DC have a combined 101 years working in organized medicine. 63 of those years have been at MSDC, serving you – our member physicians – and your patients.

Our staff is fully dedicated to our mission, originally developed in 1817:

“Ensure the well being of physicians in metropolitan Washington and their patients. We advocate on behalf of our

member physicians of diverse cultural and ethnic backgrounds; we promote high standards of character and professionalism; and we make certain that physicians are and are recognized as the primary professionals who define and guarantee high quality, appropriate, and cost effective medical care. Above all, we aggressively defend the highest principle of all: the integrity of the physician-patient relationship.”

## “Red Flags Rule” Compliance Delayed

The Federal Trade Commission (FTC) will *delay* the compliance date for the new “Red Flags Rule” until August 1, 2009.

The “Red Flags Rule” would otherwise have gone into effect May 1st. This rule defines physicians as “creditors” and requires all physicians to add policies and programs that identify, detect and respond to potential risks of identity theft. The AMA will use this time to convince the FTC and Congress that physicians are not “creditors” and therefore should not be subject to the rule. This exception for physicians will save practices a considerable amount of money.

“We will continue to make the case to FTC that they should republish the rule so that we have an opportunity to formally comment and state our objections to physician inclusion in the program,” AMA Board of Trustees member Ardis Hoven, MD, said.

The decision to postpone the compliance date is largely due to the on-going advocacy efforts of the AMA and the continued support of our MSDC members.