RAM Docs Rock MSV Advocacy Summit

Last Friday, Richmond Academy of Medicine members attended the Medical Society of Virginia's Advocacy Summit to present legislative proposals with the goal of improving your daily practice of medicine.

Academy members presented proposals on eliminating the harmful process of prior authorization, improving firearm safety, reforming step therapy protocols, increasing the cigarette tax, incentivizing physicians to practice in underserved areas, and combating adult and childhood obesity.

Please CLICK HERE to review resolutions submitted by RAM and other physicians from across the state.

Your Academy and its members put forth 10 of the 14 proposals considered last week!

We'd like to thank the following physicians who attended the Summit and/or presented a proposal:

- Larry Blanchard, MD
- Owen Brodie, MD
- Clifford Deal, MD
- Harry Gewanter, MD
- Daniel Jordan (VCU School of Medicine)
- Walter Lawrence, MD
- Michael Menen, MD
- Mark Monahan, MD
- Susan Prizzia, MD
- Bruce Silverman, MD
- Richard Szucs, MD (Chair of MSV's Advocacy Summit)
- Peter Zedler, MD
These resolutions will be posted on MSV's website for virtual commenting and feedback. Then they will be sent to MSV's Specialty Society Council where Council members will review the proposals and provide feedback to MSV's Advocacy Committee.

The Advocacy Committee will use this information to help form its recommendations for advocacy action to the MSV Board of Directors.

Stay tuned for more information on how to provide your own feedback on the resolutions.

For now, we’d like to thank our Legislative Committee Members for their work in sending along resolutions to this vital MSV Advocacy Summit. Your support of your patients and your colleagues is unmatched!

And see more below on the heavy toll that Pre-Auths are taking on medical practices and read a great Op/Ed on the topic by RAM President Mark B. Monahan, MD!

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**Big Savings from Palliative Care**

Palliative care consultations focusing on improving quality of life, managing pain and defining goals at the outset of treatment for patients with serious or life-threatening illnesses can result in shorter hospital stays and lower costs, a new study concludes, reports USNews.com.

A meta-analysis published Monday in the journal *JAMA Internal Medicine* examined 130,000 patients from six previously conducted studies on palliative care, which is defined in the study as "an interdisciplinary specialty focused on improving quality of life for seriously ill patients and their families through symptom management, communication and patient autonomy."

The study, *Economics of Palliative Care for Hospitalized Adults With Serious Illness*, found that when palliative care was added to a patient’s treatment, hospitals saved an average of $3,237 per patient over the course of a hospital stay compared to patients who did not receive palliative care. Additionally, for cancer patients, hospitals saved an average of $4,251 per stay. For non-cancer patients, hospitals saved an average of $2,105 per stay.

Savings were higher in patients with four or more illnesses than in those with two or fewer. The study concludes these results suggest "it may be possible for acute care hospitals to reduce costs by expanding palliative care capacity."

The study also recommends palliative care consultation within three days of hospital admission "to reduce cost of care for hospitalized adults with life-limiting illness."

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**How can you provide better care for your patients?**

Why does the medical system sometimes fumble the ball when it comes to placing patients at the center of their own care? When explaining difficult medical decisions? When helping them voice what they want? Whether it be from the proverbial sideline or on the field, how can physicians ensure patients are placed at the center of (and take an active role in) their own care?

Join us on **TUESDAY, MAY 8** at the **University of Richmond Jepson Alumni Center** to hear and speak with nationally-recognized expert Dr. Charlotte Yeh, on how to live well, the role of resiliency and the importance of social connection to health and well-being. Learn about novel research on how the words we use with patients matter.

The evening will also be a celebration of Honoring Choices Virginia and the work the Academy has done in bringing the three local health systems together to build system change, advocacy and
education around advance care planning. Working together, so much has been accomplished. Help us celebrate those accomplishments!

CLICK HERE for more details.

CLICK HERE to register or email Lara at lknowles@ramdocs.org to reserve your seat!

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RVA Physicians Rock the Runway to support health in our community!

Physicians Got Fashion Show takes place on Saturday, May 12th from 7-10 p.m. at the Hippodrome. CLICK HERE to see this year's cast of models. Cost of admission is $120 per person and includes open bar and heavy hors d'oeuvres. Get your tickets online at ramaf.org but hurry - online ticket sales end May 9th. See you there!

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Immunotherapy Study Enters New Phase at VCU Massey Cancer Center

Former RAM President Harry D. Bear was the subject of this recent update by VCU Massey Cancer about his ongoing research in discovering new treatments for breast cancer patients.

"A phase 2 clinical trial at VCU Massey Cancer Center is testing the benefits of adding an experimental immunotherapy combination prior to standard chemotherapy and surgery for breast cancer patients. The trial was developed by Massey and is based on laboratory research led by Harry Bear, M.D., Ph.D., chair of the Division of Surgical Oncology at Massey, Walter Lawrence, Jr. Chair in Surgical Oncology and member of the Developmental Therapeutics research program at Massey."

The study, which opened in January 2017, is recruiting patients with locally advanced, HER2-negative breast cancer, for whom neoadjuvant chemotherapy is being recommended as standard treatment. Neoadjuvant therapies are therapies given to shrink tumors before surgery.

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Will Medicaid Vote Hand Lt. Gov. Fairfax a Big Win?

Being Lieutenant Governor in Virginia is usually a low-profile job, but the current Medicaid expansion debate may hand Lt. Gov. Justin Fairfax a rare chance to cast a vote that would put him in the national spotlight, reports The Washington Post.

"Justin Fairfax gets to do two things as Virginia's lieutenant governor - preside over the state Senate and take over if the governor can't finish his term."

"With Gov. Ralph Northam (D) alive and well, that leaves Fairfax with a largely ceremonial gig in the Senate. He made his biggest splash there by stepping off the dais one day - the first African American elected to Virginia statewide office in a generation, quietly protesting a tribute to Confederate Gen. Stonewall Jackson."

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Now, however, Democrat Fairfax, "who is widely expected to run for governor in 2021, could soon get an opportunity to make his mark. Depending on how a long-running battle over Medicaid expansion plays out over the next few months, he could have the chance to cast the tiebreaking vote to provide health care eligibility to as many as 400,000 uninsured Virginians."

This would be a big deal for Fairfax, a former federal prosecutor who had never held elective office. "It could come courtesy of Senate Republicans if they remain dug in against expansion, forcing Northam to resort to a hardball tactic involving a budget amendment and a Fairfax tiebreaker.

"Being lieutenant governor is sort of like being the Maytag repairman: Most of the time nobody calls, but when the call comes in, they really, really need you," said Stephen Farnsworth, a University of Mary Washington political scientist. "It will be the biggest moment in the sun for ... [any] lieutenant governor in years if this comes to pass."

Click here for more on the politics of Medicaid - and how it's connected to political fundraising - from Times-Dispatch columnist Jeff Schapiro.

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**The High Cost of Prior-Auths**

Medical practices spend an average of two business days a week per physician to comply with health plans' inefficient and overused prior-authorization (PA) protocols. One-third of practices employ staffers who spend every second of their working hours on PA requests and follow-ups, reports AMA Wire.

Like sands through the hourglass, so are the days of prior authorization.

*(See more below from RAM President Mark Monahan, MD).*

These figures come from the responses to a 27-question, web-based AMA survey administered to 1,000 American physicians who provide at least 20 hours of patient care per week. The toll of prior authorization is rising, they said.

Nearly 90 percent of the physicians reported that the administrative burden related to PA requests has risen in the last five years, with most saying it has "increased significantly."

Jack Resneck Jr., MD, a health policy expert and professor of dermatology at the University of California, San Francisco, said the survey results reflect the dismaying reality that now delays doctors' orders for even routine prescriptions.

"Physicians have, for many years, expected to face prior-authorization hurdles for a few new or unusually expensive medications or tests. But, more recently, insurers have rapidly added PA requirements to more and more treatments," Dr. Resneck, chair-elect of the AMA Board of Trustees, said. "This survey demonstrates the increasing burden."

On average, a medical practice will complete 29.1 PA requests per physician per week that take 14.6 hours to process. About half of the requests are for medical services, while the other half are for prescriptions, the survey found.

"In my own practice, I now get insurer rejections or PA demands for a majority of the prescriptions I write each day—even for many generic medications that have existed for decades," Dr. Resneck said. "For many conditions I see, even when there are several treatment options, I increasingly run into plans where every single one of those choices requires a PA."

Dr. Resneck's experience is the new normal.

Seventy-nine percent of the physicians surveyed reported that they sometimes, often or always are required to repeat the PA process for prescription medications when a patient is stabilized on a treatment regimen for a chronic condition.
"While most of these PA requests ultimately get approved, the time my staff and I spend filling out lengthy forms and calling health plans to appeal is substantial - and those are hours I am unable to spend face to face with patients," Dr. Resneck said. "My practice has several medical assistants who spend countless hours helping our physicians on PAs each week."

**RAM President Mark Monahan, MD** wrote an Op/Ed in the Times-Dispatch last year about this costly and wasteful problem. Click [here](https://ui.constantcontact.com/visualeditor/visual_editor_preview.jsp?agent.uid=1130511214533&format=html&print=true) to read.

And see the first item above on RAM's resolution to totally eliminate prior authorizations (MSV proposal No. 81).

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**Price Transparency Coming to Hospitals?**

Hospitals could see a major impact under a major rewrite of rules on federal payments to hospitals treating older Americans on Medicare, making it easier for patients to see the prices of procedures and care, reports The Washington Post.

As part of annual updates to Medicare payment rules, federal health officials also want to add $1.5 billion for the coming year to the funds for so-called disproportionate share payments that help buffer hospitals from the expense of treating patients who cannot pay their bills.

The increase is a sign that the government expects an influx in uninsured patients - something administration officials seldom discuss amid their policies to weaken the Affordable Care Act, the Post reports.

In addition, the revisions seek to motivate hospitals to improve electronic medical records, while eliminating certain measures of the quality of care that the government now requires them to report.

**CMS Administrator Seema Verma** portrayed the proposed payment changes as part of a broad policy to "put patients first." The goal is to move away from a system that reimburses hospitals for the number of services they provide to one that rewards them for the value of their care, she said.

The [nearly 1,900-page proposed rule](https://ui.constantcontact.com/visualeditor/visual_editor_preview.jsp?agent.uid=1130511214533&format=html&print=true) calls on hospitals to publish their standard charges online in a machine-readable form that will help insurers and other organizations analyze them.

Verma said that would improve the transparency of hospital prices, empowering patients to choose where to go for treatment.

One health policy expert said that posting prices, while useful, is not as significant as insurance companies helping patients understand what portion of a hospital's charges they would need to pay themselves.

Another aspect of the proposal would revamp the federal program that encourages hospitals to improve electronic health records, requiring them to share the data in a form that patients can take to their doctors or other health-care facilities.

Starting in 2019, hospitals' federal ratings would be heavily influenced by whether they provide health records in this manner.
which is known as interoperability. Those that do not would be at risk of penalties in their Medicare payments starting two years later, a CMS official said.

**CMS Cutting Back Quality Measures**

CMS wants to eliminate 19 measures across the agency’s five quality and value-based purchasing programs as part of its larger goal to reduce the administrative burden for providers. The agency also aims to eliminate redundancies in 21 measures, reports Modern Health Care.

In its annual proposed rule for the inpatient and long-term care prospective payment system, the agency said the changes would decrease hospitals’ time spent on paperwork by more than 2 million hours and result in $75 million in savings.

Experts say the CMS’ suggested changes are a positive step overall for the field of quality measurement. There are too many measures that serve little value to clinicians or patients. But they also questioned CMS’ reasons for removing some measures, particularly those related to patient safety.

**America’s Life Expectancy Gap**

Life expectancy at birth differs by as much as 20 years between the lowest and highest United States counties, according to new research published recently in *JAMA Internal Medicine*.

Dr. Christopher J.L. Murray, lead author of the study and director of the Institute for Health Metrics and Evaluation at the University of Washington, estimated life expectancy for each U.S. county from 1980 through 2014. Murray and his colleagues analyzed county-level data and then applied a mathematical model to estimate the average length of lives, reports CNN.

Life expectancy at birth increased by 5.3 years for both men and women -- from 73.8 years to 79.1 years -- between 1980 and 2014, Murray and his colleagues wrote. During that time period, men gained 6.7 years, from 70 years on average to 76.7 years, while women gained four years, from 77.5 years to 81.5 years.

But the numbers aren’t the same everywhere. Digging deeper, they calculated a gap of 20.1 years between U.S. counties with the lowest and highest life expectancies.

The counties with lowest life expectancy are located in South and North Dakota, while counties along the lower half of Mississippi, in eastern Kentucky, and southwestern West Virginia also showed lower life expectancies compared to the rest of the nation. The Dakota counties include Native American reservations.

Click here for a related article on gains made by African Americans, who have seen a drop in the overall death rate of about 25 percent in recent years. But CNN adds, “The bad news is that, although blacks are living longer, a racial disparity remains: The life expectancy of blacks is still four years less than that of whites.”

Younger blacks are more likely to live with or die from conditions typically found in older whites, such as heart disease, stroke and diabetes, according to the report.

**Everything You Need to Know About GDBR (but didn’t know to ask)**

Click here for a recent alert from the Nixon Law Group about some new privacy provisions for doctors who care for Europeans in the
United States.

Here's a sample:

"Beginning on May 25, 2018, HIPAA won't be the only healthcare data security standard with which U.S. companies have to comply. Medical practices, digital healthcare companies, and vendors (e.g., electronic health records companies, medical billing companies, and cloud services companies) that do business in the healthcare sector and collect data from European citizens will be required to comply with the new EU General Data Protection Regulation (the "GDPR").

A recent Reuters article called the implementation of these regulations "the biggest overhaul of online privacy since the birth of the Internet."

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**FDA Cracks Down on Teen Fad: "Juuling" Vaping**

Citing "the troubling reality" that electronic cigarettes have become "wildly popular with kids," the Food and Drug Administration has announced a major crackdown on the vaping industry, particularly on the trendy Juul devices, aimed at curbing sales to young people, reports The New York Times.

The agency said it had started an undercover sting operation this month targeting retailers of Juuls, including gas stations, convenience stores and online retailers like eBay. So far, the FDA has issued warning letters to 40 that it says violated the law preventing sales of vaping devices to anyone under 21.

Virginia Sen. Tim Kaine was part of an effort in the Senate pressing for action, CNBC reports.

Schools across the country say they were blindsided by the number of students turning up with Juuls last fall.

Nicknamed the iPhone of e-cigarettes, Juuls resemble thumb drives, produce little plume, and smell like fruit or other flavorings, making them so concealable that students can vape in class.

This week, federal regulators warned more than a dozen manufacturers, distributors and retailers Tuesday that they are endangering children by marketing e-cigarette liquids to resemble kid-friendly products such as juice boxes, candy and whipped cream, the Washington Post reports.

The FDA and the Federal Trade Commission said the packaging of the products - some of which feature cartoonlike images - could mislead children into thinking the liquids, which can be highly toxic if swallowed, are actually things they commonly eat and drink.

"E-liquids," as they are called, are typically a mix of nicotine, flavors and other ingredients. Ingesting them can cause nicotine poisoning - and even death - for small children, experts say. The government cited a recent analysis that found between January 2012 and 2017 there were more than 8,200 e-cigarette and liquid nicotine exposures among children younger than 6."

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**The Medical Society Consortium on Climate & Health**

A RAM member recently told us about the recent annual meeting of The Medical Society Consortium on Climate and Health in Arlington.

Click here to learn more about this relatively new (founded in 2016) group that seeks to involve medical professionals in addressing the health impact of climate change.
"While climate change threatens the health of every American, some people are more vulnerable and most likely to be harmed," the group says in its consensus statement. They include infants and children, pregnant women, older adults, people with disabilities and people with chronic medical conditions, among others.

Among the groups backing the consortium: The AMA, the American College of Physicians, the American Academy of Allergy Asthma and Immunology and the American College of Obstetrics and Gynecologists, plus many more!

For more information, contact Mona Sarfaty, MD MPH FAAFP, who is the group's executive director at George Mason University by clicking here or calling her at (703) 993-2086.

And click here for a great article on the topic by RAM member Dr. Janet Eddy, who is medical director of Bon Secours Care-A-Van. See "The human face of climate change" on page 18 of our Fall 2017 edition of Ramifications.

Is Pot Really Safe?

The first drug wave was the opioid epidemic, writes Dr. James A. Avery, a visiting assistant professor of medicine at the University of Virginia, in a Sunday column in the Times-Dispatch. Click here.

"In 2016, more Americans died from drug overdoses (67,000) than died during the entire Vietnam War (58,200). But a second and more insidious wave is coming - marijuana."

Acreage Holdings, a powerful marijuana conglomerate, recently introduced the newest member of its advisory board, former House Speaker John Boehner.

Supporters of marijuana believe Boehner's endorsement is a watershed event, claiming it validates marijuana as mainstream.

"Over the last 10 or 15 years, the American people's attitudes have changed dramatically," Boehner said. "I find myself in that same position."

Avery continues: "Boehner is right. Sixty-four percent of Americans, including a majority of both Republicans and Democrats, want to legalize marijuana, according to an October 2018 Gallup survey. That's the most since the pollster began asking the question in 1969, when only 12 percent favored legalization."

He notes that 29 states plus the District of Columbia have legalized medical marijuana, while eight of those states (plus D.C.) also allow recreational use.

"Gov. Ralph Northam, on March 12, signed House Bill 1251, giving Virginia doctors the authority to recommend cannabidiol oil as a treatment for any condition. And the governor has expressed a willingness to further liberalize Virginia's marijuana laws.

"But does public opinion reflect the truth of the situation? Is marijuana a beneficial medication? Is marijuana safe? Are there facts that explain the public's change of heart? Let's dig into this."

Dr. Avery is an internist in Charlottesville. Click here for another article on how pot smoking affects the adolescent brain.
Free Skin Cancer Screening May 12

RAM member Dr. Christine Rausch and her staff at the Skin Surgery Center of Virginia will hold their annual free skin cancer screening Saturday, May 12 from 8:30-11:30 a.m. Their office is at 2510 Gaskins Road Henrico, Va. 23238.

"Skin cancer is the most common cancer in the United States, and it is estimated that one person dies from melanoma, the deadliest form of skin cancer, every hour," said Dr. Rausch, who is a board certified dermatologist, skin cancer specialist and Mohs micrographic surgeon. "Yet, not only is skin cancer preventable, it's highly treatable when detected early."

An appointment is required: (804) 282-4940. Click here to learn more about the SPOTme program that's part of the American Academy of Dermatology's SPOT Skin Cancer initiative during Skin Cancer Awareness month.

Pediatricians Kept Away from Pipeline Protester

Two Charlottesville doctors seeking to help a 61-year-old woman who has spent four weeks perched in a tree to halt construction of the Mountain View Pipeline say Roanoke County authorities did not permit them to provide her with medical supplies on Saturday, reports the Charlottesville Daily Progress.

The family of Theresa "Red" Terry and her daughter, Theresa Minor Terry, 30, are anxiously waiting for a resolution to the ongoing standoff on property that's been owned by their family for seven generations.

In an interview Monday, Dr. Greg Gelburd, of Downtown Family Health Care, said he and Dr. Paige Perriello, with Pediatric Associates of Charlottesville, visited Bent Mountain in Roanoke County over the weekend to assess the mother and daughter's medical condition.

From behind police tape away from the tree, the doctors shouted up to "Red" Terry asking how she was doing and to provide medical advice, Dr. Gelburd said.

"We determined that she seemed to be in good spirits and seemed to be OK medically. I encouraged her to stand up and take the tarp..."
off the roof of her tree-stand to get some sunshine," he said. "Her husband attempted to give the skin cream and vitamins [that we brought] to the troopers, but they refused that, as well."

Gelburd said being overly sedentary poses a health risk, as blood clots can form in the legs. He also said prolonged exposure to damp conditions can increase the risk of skin infections.

After the mother-and-daughter pair recently said they had run out of food and other supplies, Roanoke County officials announced last week that authorities are conducting daily wellness checks and providing them what they need to ensure their physical needs are met.

While health is a concern, Gelburd said the visit was partly political, as he and Perriello also wanted to show support for the protest against the Mountain Valley Pipeline. The project is planned to span 300 miles from northwestern West Virginia to southern Virginia, requiring lots of tree-cutting and raising other concerns about water pollution and damaging natural habitats.

Click here for the latest on the high-level legal standoff!

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To Err is Human...

We draw from a wide range of print, online and medical journals to bring you information we hope is relevant to your practice of medicine.

But as a former reporter, editor and author, I recognize that mistakes do happen. So please contact me if you have any concerns, complaints, or ideas/articles you’d like to share by clicking here or calling 622-8136.

Click here if you’d like to see some of my books. THANK YOU for being part of the Academy and its continuing conversation about the best practice of medicine.

Click here for past editions of The Leg.Up!

Chip Jones
RAM Communications & Marketing Director