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SGR Repeal Gaining Momentum: Let’s Make it Happen! Long-awaited and hard-fought legislation to permanently repeal the fatally flawed sustainable growth rate (SGR) formula now is before both chambers of Congress with the introduction of the SGR Repeal and Medicare Provider Payment Modernization Act of 2014 (H.R. 4014/ S. 2000).

The three key congressional committees of jurisdiction came to this bipartisan, bicameral agreement in advance of the March 31 deadline to prevent Medicare cuts of 24.1 percent.

This legislation would provide physicians with positive annual payment updates of 0.5 percent for five years. It also includes important medical liability protections and significant resources and tools to help physicians transition to new payment and delivery models.

Congress now is closer than ever before to enacting fiscally prudent legislation that would permanently repeal the SGR formula. Amplifying the physician voice on this issue now is critical.

Please take action by sending an email to your lawmakers and calling them via the AMA’s Physicians Grassroots Network hotline at (800) 833-6354.

The key points to stress with your representative and senators are:

- For at least 12 years, Congress has recognized the imperative of reforming the Medicare physician payment system. Now that a bipartisan, bicameral policy has been developed, it’s time to stop thinking about the problem and seize the opportunity to solve it.
- Congress must act as soon as possible and vote in support of permanently repealing the flawed Medicare SGR formula.
- Congress must avoid continuing the fiscally irresponsible cycle of short-term patches that contribute to the Medicare program’s instability and do nothing to solve the underlying problem.

Be sure to visit http://fixmedicarenow.org/physician-action/ to take action to support permanent SGR repeal and for the latest information and resources from the AMA.
IMA Delegation Heads to DC  IMA members will be well represented at the upcoming American Medical Association National Advocacy Conference from March 4-6 in Washington, DC. Led by IMA CEO Susie Pouliot, the delegation includes IMA President-Elect Keith Davis, MD (Shoshone), AMA Delegate Patrice Burgess, MD (Boise) AMA Alternate Delegate Vicki Wooll, MD (Eagle), and Ada County Medical Society Past President Steve Bushi, MD (Boise).

The National Advocacy Conference helps empower physicians to be advocates for patients, the medical profession and the future of health care. Conference attendees will hear from political insiders, industry experts and members of Congress on current efforts being made in health system reform refinement and implementation.

In conjunction with the Conference, the IMA delegation will be visiting the four members of Idaho Congressional Delegation to present the views of Idaho's physicians on diverse topics including SGR reform, rural health issues and the need to reduce and eliminate burdensome regulations on the practice of medicine.

The Idaho Medical Association Welcomes New Members  A warm welcome to these physicians who have recently joined the IMA:

Robert Adams, MD, Pediatrics, Boise
Brian Affleck, MD, Otolaryngology, Nampa
Christina Biller, MD, Pediatric Surgery, Boise
Brian Birch, MD, Pediatrics, Twin Falls,
Lyndon Box, MD, Cardiovascular Disease,
    Internal Medicine, Interventional Cardiology,
    Boise
Brian Byrne, MD, Emergency Medicine, Boise
Peter Crane, MD, Family Medicine, Montpelier
Clark Daines, MD, Hematology (Pathology),
    Anatomic/Clinical Pathology, Idaho Falls
Kirsten Deutsch, MD, Family Medicine, Boise
Amy Drumm, MD, Family Medicine, Hailey
Andrea Esplin, MD, Family Medicine, Boise
David Fonseca, MD, Pediatric Critical Care
    Medicine, Internal Medicine, Pulmonary
    Disease, Meridian
Megan Freestone-Bernd, MD, Anesthesiology,
    Boise
Paul Gerlach, MD, Cardiovascular Disease,
    Idaho Falls
Tamara Helfer, MD, Child & Adolescent
    Psychiatry, Psychiatry, Boise
Brad Hyatt, DO, Family Medicine, Twin Falls
Robert Jackson, MD, Urology, Meridian
Jeffrey Jones, MD, Internal Medicine,
    Gastroenterology, Moscow
Josh Leavitt, DO, Family Medicine, Ontario
George Linhardt, MD, General Surgery, Driggs
Bryan Mason, MD, Family Medicine, Twin Falls
Michael Modica, MD, Diagnostic Radiology,
    Boise
Aaron Moos, MD, Obstetrics & Gynecology,
    Ketchum
Brian Muir, DO, Family Medicine, Rupert
Charles Reynolds, MD, Emergency Medicine,
    Meridian
Glenn Reynolds, MD, Cardiovascular Disease,
    Internal Medicine, Twin Falls
Brian Story, MD, Gastroenterology, Internal
    Medicine, Meridian
Christopher Streeter, MD, Child & Adolescent
    Psychiatry, Psychiatry, Boise
Rachel Thomas, MD, Emergency Medicine,
    Boise
Matthew Todd, DO, General Practice,
    Grangeville

Idaho Ranks Second in Nation for Per-Capita Health Exchange Enrollments  Idaho’s state health insurance exchange, YourHealthIdaho.org, reports that 32,899 Idahoans have now selected a health insurance plan through the exchange, up 65 percent from a month ago. That ranks Idaho second in the nation for per-capita successful enrollments, behind only Vermont.

“We are excited enrollment numbers have reached nearly 33,000 but we still have a lot of work to do by March 31,” said Jody Olson, communications director. “We know there are other Idahoans who still need help. Over the next couple of months, we will do our best to answer everyone’s health insurance questions at our enrollment events in communities across the state, online and through our Consumer Resource Center.”
"I believe in the passion that drives our policyholders. That's why I consider it my duty to serve physicians, so they can improve the world one patient at a time."

Senior Underwriter
Karen Tuttle

Service and Value

**MIEC takes pride in both.** For over 35 years, MIEC has been steadfast in our protection of Idaho physicians. With conscientious Underwriting, excellent Claims management and hands-on Loss Prevention services, we’ve partnered with policyholders to keep premiums low.

**Added value:**
- No profit motive and low overhead
- Local Boise claims office
- 17.5 million in dividends declared to be distributed in 2014

**For more information or to apply:**
- www.miec.com
- Call 800.227.4527
- Email questions to underwriting@miec.com

* (On premiums at $1/3 million limits. Future dividends cannot be guaranteed.)
Tanning Beds Cause More Cancer than Cigarettes  The results of a large meta-analysis published in *JAMA Dermatology* found that more than 450,000 new cases of skin cancer (including basal and squamous cell carcinoma and melanoma) are attributable to indoor tanning each year in the regions examined. To put this number into context, the study shows that the number of skin cancer cases due to indoor tanning is higher than the number of lung cancer cases due to smoking in the same regions.

While the researchers note that the mortality associated with lung cancer is far greater than that for skin cancer, and smoking causes many other health risks, they found it striking that although the population proportional attributable risks of these two behaviors are quite different (approximately 3-22 percent for skin cancer compared with approximately 90 percent for lung cancer), the extremely high incidence of skin cancer means that there are more skin cancer cases attributable to indoor tanning than lung cancer cases attributable to smoking. Furthermore, the study notes that indoor tanning is a relatively new behavior that may be growing in popularity, whereas smoking rates are declining in Western regions, so it is possible that the number of skin cancer cases due to indoor tanning will continue to surpass the number of lung cancer cases due to smoking in the coming years.

The researchers pored over statistics from 88 major studies over the past 20 years, covering almost 500,000 total study participants from 16 western countries (including the United States, Australia, and countries in Northern and Western Europe.)

Also among their findings: Indoor tanning is incredibly common. 35 percent of adults, 19 percent of adolescents and an alarming 55 percent of university students have visited a tanning bed (14, 18 and 43 percent, respectively, in the past year).


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**ICD-10-CM Walk About**

IMA Reimbursement Director Teresa Cirelli, CPC and IMA Reimbursement Specialist Kathrine Forstie, CPC are hitting the road and presenting a live two-hour session that will provide a foundation to understand ICD-10 coding guidelines and conventions to accurately code to highest specificity using ICD-10. The seminar will feature hands-on coding exercises to increase your understanding and familiarity of ICD-10 coding. As an added bonus, a drawing will be held at each location for a free ICD-10-CM Workbook.

**Schedule**

**Meridian:** Thursday, March 6 ~ 10:00 am - 12:00 pm  
St. Luke’s Meridian - Bannock and Cheyenne Rooms

**Pocatello:** Wednesday, March 12 ~ 2:00 - 4:00 pm  
Idaho State University - Bear River Room

**Idaho Falls:** Thursday, March 13 ~ 9:00 - 11:00 am  
Mountain View Hospital, Classroom A

**Twin Falls:** Thursday, March 13 ~ 2:00 - 4:00 pm  
St. Luke’s Magic Valley Medical Center - Mahogany Room

**Coeur d’Alene:** Wednesday, March 19 ~ 10:00 am - 12:00 pm  
Kootenai Health Resource Center—Rooms 4 & 5

**Lewiston:** Thursday, March 20 ~ 9:00 - 11:00 am  
St. Joseph Regional Medical Center - Conference Room 1

So bring your ICD-10-CM code book and toughest ICD-10 coding questions and get answers from these IMA experts. All this for the low members-only price of $45. Additional information, along with the schedule and registration form, is available on the IMA website at [https://m360.idmed.org/frontend/portal/viewcalendar.aspx](https://m360.idmed.org/frontend/portal/viewcalendar.aspx).
CMS Gives EPs an Extra Month to Attest to Meaningful Use  You have until March 31 – instead of February 28 – to complete your meaningful use attestation for the electronic health records (EHR) incentive program if you’re an eligible provider, the Centers for Medicare and Medicaid Services (CMS) announced February 7.

No other EHR program deadlines are affected -- the Medicaid EHR incentive program deadline, for example, remains February 28, as does the deadline for the Physician Quality Reporting System EHR incentive program pilot.

For eligible hospitals, CMS says it is "offering assistance" to those that have had trouble attesting retroactively to avoid the 2015 payment adjustment.

"This extension will allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year, as well as avoid the 2015 payment adjustment," CMS says.

Update: Removal of Impacted Cerumen: CPT Code 69210 Changes As reported in the IMA Wire’s February 1 Coding Corner: physician offices should be aware that CPT code 69210 has been changed in 2014 to state:

69210 removal impacted cerumen, Unilateral, requiring instrumentation, (For bilateral procedure, report 69210 with modifier 50)

Update: The Centers for Medicare and Medicaid Services (CMS) has informed the IMA that no changes will take place in 2014. CMS will not change the fee or the modifier allowed on the code. The fee structure currently in place reimburses for one or two ears. Additional allowance cannot be established since the code already reimburses at an amount for both ears. Modifiers 50, RT or LT will not be allowed on the code.

Sign Up for AMPAC 2014 Campaign School  Several slots are open for this year’s Campaign School, one of AMPAC’s flagship Political Education Programs. AMPAC, the political action committee of the AMA, has held the programs for nearly 30 years, training physicians, spouses and medical students in the latest political tactics. Graduates have been elected to office across the country - from City Commissioner, to State Senator, to U.S. Congressman. Seven of the 20 physicians currently in the U.S. Congress are graduates of AMPAC programs. Thirteen recent graduates won election to public office in November 2012, including Rep. Ami Bera of California and Rep. Phil Roe of Tennessee (both to the US House of Representatives).

Physician engagement in the political process is as vital as ever, and the Campaign School provides AMA members with the skills and resources they need to make an impact for medicine.

This year’s Campaign School will be held on April 2-6, in Washington DC at the Ritz Carlton Washington DC. **AMPAC covers all costs except transportation** to DC for AMA members, spouses and state medical society staff, which is an exceptional value for AMA membership. The application can be found at [http://www.ampaonline.org/political-education/apply/](http://www.ampaonline.org/political-education/apply/).

Physician Outcry on EHR Functionality, Cost  Despite the government's bribe of nearly $27 billion to digitize patient records, nearly 70 percent of physicians say electronic health record (EHR) systems have not been worth it. It’s a sobering statistic backed by newly released data from marketing and research firm MPI Group and *Medical Economics* that suggest nearly two-thirds of doctors would not purchase their current EHR system again because of poor functionality and high costs.

In a surprise finding, nearly 45 percent of physicians from the national survey report spending more than $100,000 on an EHR. About 77 percent of the largest practices spent nearly $200,000 on their systems.

Medicare EHR Meaningful Use (MU) incentive program, and $63,750 through Medicaid’s MU program, some physicians say it’s not nearly enough to cover the increasing costs of implementation, training, annual licensing fees, While physicians can receive $44,000 through the hardware and associated services. But the most dramatic unanticipated costs were associated with the need to increase staff, coupled with a loss in physician productivity.

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EHR (Continued from Page 5)
“We used to see 32 patients a day with one tech, and now we struggle to see 24 patients a day with four techs. And we provide worse care,” said one survey respondent.

While some physicians cited benefits of accessing patient data, availability of practice metrics, and e-prescribing conveniences for patients, most physicians do not believe these systems come close to creating new efficiencies or sharing data with multiple providers or improving patient care.

In fact, when doctors were asked if their EHR investment was worth the effort, resources and cost, “no” was the reply given by nearly 79 percent of respondents in practices with more than ten physicians.

Medical Economics’ survey results, based on responses from nearly 1,000 physicians, were corroborated by the findings of a January 2013 RAND Corp. study, detailed in Health Affairs, The New York Times, USA Today, and other national media organizations, criticizing the usability and interconnectedness of current EHR systems.

“The failure of health information technology to quickly deliver on its promise is not caused by its lack of potential, but rather because of the shortcomings in the design of the IT systems that are currently in place,” says Art Kellermann, MD, MPH, the study’s senior author and the Paul O’Neill Alcoa Chair in Policy Analysis at RAND.

Another 2013 RAND report, titled “Physician Professional Satisfaction and their Implications for Patient Care,” concludes that frustrations related to EHRs are negatively influencing physician attitudes about their careers.

“Poor EHR usability, time-consuming data entry, interference with face-to-face patient care, inefficient and less fulfilling work content, inability to exchange health information between EHR products, and degradation of clinical documentation were prominent sources of professional dissatisfaction,” the report says.

The most recent data from MPI Group and Medical Economics not only corroborates these physician sentiments related to EHRs, but calls on software developers to build solutions that help physicians improve patient care, not obstruct it.

Closer look at the results
Here are other key findings from the national survey:

- 73 percent of the largest practices would not purchase their current EHR system. The data show that 66 percent of internal medicine specialists would not purchase their current system. About 60 percent of respondents in family medicine would also make another EHR choice.
- 67 percent of physicians dislike the functionality of their EHR systems.
- Nearly half of physicians believe the cost of these systems is too high.
- 45 percent of respondents say patient care is worse since implementing an EHR. Nearly 23 percent of internists say patient care is significantly worse.
- 65 percent of respondents say their EHR systems result in financial losses for the practice. About 43 percent of internists and other specialists/subspecialists outside of primary care characterized the losses as significant.
- About 69 percent of respondents said that coordination of care with hospitals has not improved.
- Nearly 38 percent of respondents doubt their system will be viable in five years.
- 74 percent of respondents believe their vendors will be in business over the next five years.

The Medical Economics survey was conducted to gauge physician attitudes about EHRs and benchmark data gathered during a separate and novel two-year EHR Best Practices Study of 29 U.S. physicians in independent practices (nearly all were in solo practice).

Common frustrations cited by physicians in both projects included a decrease in patient visits, reports of efficiency declines, and unanticipated costs associated with implementing and using EHR systems.

The national survey underscores the major disconnect between the current state of EHR software and the needs of physicians. [Verdon, Medical Economics, 2/10]
## Medical Practice Opportunities

### Physicians – Southwest Idaho

Primary Health Medical Group is a provider owned medical group in the Treasure Valley that offers high quality care that is convenient and comprehensive to the community. Founded nearly 15 years ago, today Primary Health Medical Group has 12 locations throughout Southwest Idaho. We currently have openings in appointment based family practice and urgent care.

Please visit our website at [www.primaryhealth.com](http://www.primaryhealth.com) for more information or you can contact Becky Nelson at 208-955-6507, becky.nelson@primaryhealth.com.

### Full-Time NP/PA – Boise

Full-time position available for Ortho NP/PA. Candidate has Idaho NP Licensure, national certification, DEA and Idaho Pharmacy certificates. Salary depends on experience. Position is with a small practice specializing in knee and hip replacements. Ideal candidates will bring at least one year’s experience - preferably in orthopedics/surgery.

Apply: email kmusser@adaortho.com

### Part-Time Physician - Boise

Part time, early morning hours at Raise the Bottom, an Opiate Treatment Clinic. Personal and/or professional experience in substance abuse treatment, with a strong desire to help people is preferred. Monthly retainer fee is negotiable.

Apply: rtbjas@gmail.com

### To place a Medical Practice Opportunities Classified Advertisement, please contact:

Margy Leach, Director of Communications at 208-344-7888 or by email margy@idmed.org.

## Order Your 2014 Referral Directory of Idaho Physicians

The IMA is now accepting preorders for the 2014 Referral Directories. As always, the Directory will provide the office address and telephone number of every physician currently practicing in Idaho. This comprehensive physician reference also features listings by location of practice and specialty, plus a directory of Idaho hospitals.

As a membership benefit, IMA physician members receive one complimentary copy of the Directory and additional copies are available for $40.

Visit the IMA website at [http://www.idmed.org/displaycommon.cfm?an=1&subarticlenbr=9](http://www.idmed.org/displaycommon.cfm?an=1&subarticlenbr=9) to place your order online or download the order form.
Calendar of Upcoming Events

February 26, 2014
  12:15 - 1:30 pm (MT)  IMA Brown Bag in the Boardroom:
                        Focus on Coding: Gastroenterology

March
  ICD-10-CM Walk About
  (See Page 4 for details and schedule)

April 9, 2014
  12:15 - 1:30 pm (MT)  IMA Brown Bag in the Boardroom:
                        Legal Questions to Remain Compliant
                        Guest Speaker: Kim Stanger, Holland & Hart

Additional information and registration forms for seminars are available at www.idmed.org.