Idaho Medical Association
IMAges

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Inside this issue

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Partisanship Engulfs Efforts to Repeal SGR A bipartisan deal in Congress to spare doctors from recurring Medicare pay cuts was in jeopardy on March 13, as Republicans ignored protests from physicians and moved forward with legislation that would use the so-called "doc fix" to undermine Obamacare.

Late last year, Republicans and Democrats announced they'd reached agreement on a way to repeal the sustainable growth rate or SGR, which for more than a decade has called for deep cuts - sending lawmakers scrambling every year or so to pass a patch. The American Medical Association (AMA) says there have been 16 temporary SGR patches so far, costing taxpayers $154 billion.

Efforts to seal the deal broke down over how to fund the repeal's $138 billion cost over the next decade, and like everything else in Washington recently, the two parties have stalemated over how to pay for it.

The Republicans' new bill would scrap Obamacare's individual mandate and use savings from that to cover the costs of repealing the SGR. President Obama has vowed a veto and Democrats said to even bring the bill to the House breaks faith with last year's agreement.

The sudden partisan character of the debate brought an unusual public rebuke from the AMA. "I am writing to profess our profound disappointment that a strong bipartisan, bicameral effort to repeal the Medicare sustainable growth rate has become a victim of partisan approaches," Dr. James Madara, AMA's chief executive, said in a March 13 letter to House Speaker John Boehner and House Democratic leader Nancy Pelosi.

"We renew our call for all parties to engage in good faith, bipartisan efforts to address the budgetary implications of this bill and enact it. We stand ready to work with you in this endeavor."

Other physician groups also expressed their displeasure over the partisan turn. "It's a sad state of affairs," said Dr. Thomas Barber, a lobbyist for the American Academy of Orthopedic Surgeons, which represents 16,000 physicians.

(Continued on Page 7)

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

Jennifer S. Anderson, MD, Cardiovascular Disease, Eagle
Wes J. Arlein, MD, Vascular Surgery, General Surgery, Boise
James S. Betoni, DO, Maternal & Fetal Medicine, Obstetrics & Gynecology, Boise
Talmadge C. Calviness, MD, Anesthesiology, Lewiston
Nicole L. Carlberg, DO, Psychiatry, Coeur d'Alene
Lukas T. Clark, MD, Neurology, Boise
Kristi A. Clukey, MD, Family Medicine, Kuna
William T. Edwards, MD, Family Medicine, Boise
Forrest R. Fredline, DO, General Surgery, Nampa
Guillermo Guzman-Trevino, MD, Obstetrics & Gynecology, Nampa
A. Lane Hansen, DO, Family Medicine, Emergency Medicine, Rupert
Britani R. Hill, MD, General Surgery, Trauma Surgery, Boise
Lisa S. Inouye, MD, Internal Medicine, Boise
James R. Jastifer, MD, Orthopedic Surgery, Boise
John C. Mayberry, MD, General Surgery, Surgical Critical Care, Boise
Mark O. Moore, MD, Anatomic/Clinical Pathology, Boise
Lindsay R. Sales, MD, Radiation Oncology, Boise
Katie R. Schneider, MD, Family Medicine, Boise
Jeff S. Swenson, MD, Family Medicine, Rupert

Participate in ICD-10 Testing with CMS: Apply by March 24 Interested physicians can apply to participate in ICD-10 end-to-end testing the Centers for Medicare and Medicaid Services (CMS) is conducting this summer to get ready for the mandated code set's October 1 implementation deadline.

CMS announced it would conduct end-to-end testing with a sample group of physicians July 21-25. To apply, obtain a volunteer form from Noridian's website beginning March 7. Complete the form and submit it to your MAC by March 24. Access the form at http://www.edissweb.com/cgp/index.html

MACs will notify physicians who have been selected for testing by April 14. Each MAC will select 32 physicians and other providers. MACs will provide testers with specific details for how to complete testing. Physicians will be able to submit a total of 50 test claims.

CMS requests that physicians who are interested in participating in end-to-end testing have updated ICD-10 software in place and internal testing completed prior to the July testing dates. The intent of testing is to ensure that systems and workflow processes that have been updated for ICD-10 are functioning correctly.

The testing will include the full claims process, from submission of test claims with ICD-10 codes to CMS through the physician's receipt of remittance advice that explains the adjudication of each claim.

Additional information on the end-to-end testing is available in the following Medicare Learning Network article: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8602.pdf.

Alzheimer's Resources for Your Patients
The Idaho Chapter of the Alzheimer's Association offers two resources for physicians to share with patients and families who may be experiencing dementia or have received a diagnosis of Alzheimer's disease.

Available on the Chapter's website, the first resource includes information on free, monthly workshops. Presented on the last Thursday of the month, topics include *Know the Ten Signs: Early Detection Matters* and *The Basics: Memory Loss, Dementia and Alzheimer's*. (http://www.alz.org/documents/idaho/educationflyer2014.pdf)

The second resource is a list of Treasure Valley support group meetings. (http://www.alz.org/documents/idaho/idahosupportgroup1013.pdf)

Medicare Officials Back Away From Changes To Prescription Drug Plan

Facing heavy bipartisan opposition on Capitol Hill as well as from patient groups, businesses, insurers and others, the Centers for Medicare and Medicaid Services (CMS) announced March 10 it did not plan to move ahead "at this time" with several proposed changes to the Medicare prescription drug program.

The draft regulation, which had been released in January, would have wide-ranging impact on the drug program, also known as Part D, including new limits on the number of plans insurers could offer consumers and new rules about what drugs those plans must cover. It also would prohibit exclusion of pharmacies from a plan's "preferred pharmacy network" as long as the pharmacies agreed to the plan's terms and conditions.

During the rule's comment period, which closed March 7, CMS received "numerous concerns about some elements of the proposal" from lawmakers and stakeholders, CMS administrator Marilyn Tavenner said in a letter to Congress.

"Given the complexities of these issues and stakeholder input, we do not plan to finalize these proposals at this time," Tavenner said, adding that the agency will "engage in further stakeholder input before advancing some or all of these changes in these areas in future years." The agency will, however, move forward with other elements of the rule, she said, including those aimed at ensuring access for beneficiaries during natural disasters, reducing fraud and broadening the release of Part D data that does not identify beneficiaries.

Currently, Medicare has six protected drug categories. CMS proposed to eliminate two of those starting in 2015 with antidepressant drugs and those that help suppress the immune system. The agency also said in the draft rule that it was considering dropping protected status for antipsychotic drugs in 2016.

Lawmakers in both parties and representatives of patient groups pushed back loudly, saying that making those changes could stop patients from getting the drugs they need. CMS maintains that safeguards in current law will ensure that patients receive necessary medications, and point out that 140 other classes of drugs are offered through the prescription drug program, even though they are not covered by protected status. CMS also says that special status hurts the prescription plans' ability to negotiate discounts with drug makers.

Another element of the proposed rule would allow insurers to offer no more than two prescription drug plans – one basic plan and one enhanced – in the same service area. The health law's ongoing closing of the Part D "doughnut hole," the gap in coverage where seniors pay the full cost of coverage before the plan's catastrophic cap kicks in, "has reduced the need for plans offering enhanced benefits," according to CMS. The agency says that each region of the country now has on average nearly three dozen plans and reducing that would help give beneficiaries more clarity about the differences among plans. Critics of the proposal said it would limit seniors' choices for coverage.

CMS' plan was attacked on several fronts. A coalition of more than 370 groups representing seniors, patients, health care providers and employers wrote a letter to Tavenner in opposition. A bipartisan majority of the Senate Finance Committee told Tavenner they were "perplexed as to why [CMS] would propose to fundamentally restructure Part D by requiring immediate, large-scale changes to the program that have direct consequences for beneficiaries." [Carey, *Kaiser Health News*, 3/10] *This article was produced by Kaiser Health News with support from The SCAN Foundation.*

Unified GME System Approved An agreement reached between allopathic and osteopathic medical communities will unite graduate medical education programs for physicians in training with either degree under a single accreditation system to ensure consistency in evaluation and accountability across all residency programs.

The Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) agreed on the single accreditation system, which will allow both MD and DO degree holders to complete their residency or fellowship in ACGME-accredited programs. Currently the ACGME and AOA maintain

(Continued on Page 8)

New Federal Requirement Beginning May 21, 2014 you **must be *certified*** to perform physical examinations for CMV (commercial motor vehicle) drivers and you must be listed on the National Registry of Certified Medical Examiners.

The Idaho Medical Association (IMA) is prepared to assist you in the certification process. We are a registered NRCME training provider for physicians seeking to be listed on the National Registry website. IMA's online training course is designed to meet the core curriculum requirements for medical examiners according to the Federal Motor Carrier Safety Administration (FMCSA).

Through the use of a pre-test, post-test and case scenarios, this training will prepare and qualify you to take the NRCME certification exam. The NRCME certification exam is administered by a separate FMCSA-approved testing organization in your state.

This training can be completed with **no travel, no classroom time, no time away from work or home.** Designed for busy health care professionals, the course is 100 percent online and available to you for six months from date of registration.

To learn more, go to **http:// ima.essentialeducationwebinarnetwork.com/**

Idaho a Leader in the Nation for Health Care Sign-Ups The U.S. Department of Health and Human Services says nearly 44,000 Idahoans have selected a health insurance plan on Your Health Idaho.

The agency says Idaho remains second in the nation per capita for the number of people selecting plans on the exchange.

The latest numbers show a 33 percent increase from one month ago. The enrollment period ends on March 31.

The agency says young people between the ages of 18 and 34 years old make up 26 percent of those purchasing on the exchange. Those young and typically healthy customers are key to the sustainability of Your Health Idaho.

There are still more than 30,000 Idahoans who have started the application process but have not yet selected a plan.

SGR *(Continued from Page 1)*
Congressional aides described the Republican legislation as a signal that a months-long push for a permanent, bipartisan doc fix is unlikely as the political calendar moves toward the November election. Instead, they said doctors would probably see a temporary patch of nine months or more to avoid the April 1 pay cut and postpone a permanent solution into the next Congress, which takes office in January 2015.

Lobbyists said that could mean starting the process over, especially if a Republican Senate victory in November creates a new political dynamic between Congress and the Obama White House.

Analysts said it also eliminates an opportunity to move traditional Medicare away from its costly fee-for-service structure. Republicans and Democrats agreed to replace the SGR with policies that call for Medicare doctors to accept new performance standards or participate in alternative care models designed to improve service while lowering costs in exchange for avoiding pay cuts.

UPDATE: On Friday afternoon, the U.S. House of Representatives passed H.R. 4015, legislation that permanently repeals and reforms the flawed Medicare physician reimbursement formula known as SGR, by a vote of 237 to 182. To pay for the almost $150 billion that this would cost, House Republicans have chosen to attach policy that would delay the ACA's individual mandate for five years.

Votes on SGR repeal are likely in the Senate during the week of March 23. Both chambers are in recess the week of March 17. Finance Committee Chairman Ron Wyden (D-OR) has indicated that SGR repeal in the Senate will not include an offset, which is an approach that has been rejected by House leadership. It is highly likely that physicians are looking at votes on another temporary SGR patch the week of March 23. It is unknown at this time how long that patch would be for (i.e. short term to keep momentum if there are any positive developments, or nine months to delay the cuts until January 1, 2015). It is also unknown at this time what offsets would be used for a bipartisan patch.

CMS Seeks Physician Input on Transforming Clinical Practices The Centers for Medicare and Medicaid Services (CMS) wants feedback from physicians on the best way to transform clinical practices. Physician comments will be used in designing a model for the transformation of a clinical practice, CMS says.

According to CMS' request for information, (http://innovation.cms.gov/Files/x/TransClinicalPracticesRFI.pdf) the agency is seeking physician input to help "accomplish our aims of better care and better health at lower costs."

Physicians have until April 8, 2014, to submit comments, which must be done online and in a format prescribed by CMS.

According to CMS Administrator Marilyn Tavenner, the input will help CMS support physicians as they make the transition to value-based care.

Physicians are asked to supply information by entering demographic information such as practice size and specialty, and by answering questions posed by CMS concerning practice transformation strategies, including challenges and lessons learned.

CMS says the feedback will be used to develop proposals and test new payment and delivery methods for value-based payment in the future. Responding with objective, evidence-based information is most important, according to CMS.

CMS is particularly interested in "lessons learned from improvement programs in the areas of transformed clinical practices, health services delivery, public policy and/or the administration of complex policy programs" and more. Physicians can submit their feedback at the Healthcare Communities website at http://www.healthcarecommunities.org/Home/RFI-TransformingClinicalPractice.aspx. [Mazzolini, *Medical Economics*, 3/12]

GME System *(Continued from Page 4)*
separate accreditation systems for allopathic and osteopathic educational programs.

“This uniform path of preparation for practice ensures that the evaluation of and accountability for the competency of all resident physicians - MDs and DOs - will be consistent across all programs,” ACGME’s CEO Thomas Nasca, MD, said in a news release.

Under the single accreditation system, MD and DO graduates will be able to transfer from one accredited program to another without being required to repeat education. The AOA and AACOM will become ACGME member organizations and will nominate members to the ACGME Board of Directors. Two new ACGME osteopathic review committees will evaluate and set standards for osteopathic aspects of GME programs.

“A single accreditation system provides the opportunity to introduce and consistently evaluate new physician competencies that are needed to meet patient needs and the health care delivery challenges facing the United States over the next decade,” Dr. Nasca said.

A number of the schools that received grants through the AMA’s Accelerating Change in Medical Education initiative are working to revise curriculum to make sure physician education is competency-based beginning in medical school, better preparing future physicians for the changing health care environment.

Study Links Indoor Tanning by Teenagers to Other Risky Health Behaviors Teens who use indoor tanning facilities are more likely than their peers to engage in other risky health behaviors such as binge drinking and drug use, according to a study published in *JAMA Dermatology* (http://archderm.jamanetwork.com/article.aspx?articleid=1833428) and led by Gery Guy, Jr., PhD, a health economist at the Centers for Disease Control and Prevention (CDC), suggesting that indoor tanning is a behavior about which physicians might want to ask. In 2009, and again in 2011, the CDC conducted a Youth Risk Behavior Survey, based on a nationally representative sample of U.S. high school students. Out of approximately 31,000 students surveyed, 26,000 answered a question about indoor tanning, with the researchers using these data for their study.

They found that 16 percent of the teenagers responding to the 2009 survey and 13 percent responding to the 2011 survey said they engaged in indoor tanning. The prevalence was significantly greater among the female high school students. Yet among both male and female students, indoor tanning was significantly associated with other risky health behaviors, such as binge drinking and unhealthy weight-control practices. Additionally, indoor tanning among female high school students was linked with illegal drug use and having had sexual intercourse with four or more partners. Use among male students was linked with daily cigarette smoking and taking steroids without a physician's prescription. Also of note, attempted suicide was associated with indoor tanning among male students.

"This study highlights that indoor tanning is fairly common in adolescents and can be associated with other high-risk behaviors," Cathryn Galanter, MD, a visiting associate professor of psychiatry and director of the Child and Adolescent Psychiatry Training Program at SUNY Downstate Medical Center, said in an interview with *Psychiatric News*. "Child and adolescent psychiatrists and other physicians should be aware of the high rates of tanning and its association with other high-risk behaviors and should consider inquiring about indoor tanning with their patients."

VA Hosting Webinar on Disability Benefits Questionnaire The Department of Veterans Affairs (VA) wants to ensure that our nation’s Service Members and Veterans are getting the fastest claims decisions possible. As a result, VA is hosting a free webinar on Disability Benefits Questionnaires (DBQs) detailing the benefits of using them and the role they play in helping to speed up claims processing times.

The webinar will be offered on March 28, 2014 at 9:30 AM ET and again at 1:30 PM ET. Learn more and register at: goo.gl/Vv7YML (9:30am ET session) or goo.gl/3yCtfz (1:30pm ET session). The hour long presentation will be followed by a thirty minute question and answer session for participants.

Confident of Healing Powers, Doctors Stream to Congress First thing on a recent Monday, Monica Wehby could be found in the operating room, performing brain surgery on a child. But the Saturday before, she was shooting guns, because sometimes that's what you do when you're running for office.

"I'm pretty steady-handed, don't have much of a tremor," Wehby, a Republican Senate candidate and pediatric neurosurgeon, joked to a small group of people in this Portland suburb.

She grinned as she described hitting the bull's-eye despite having no experience with firearms. Her left hand bore a blister from where the Glock had pinched her.

The politicking is all new for Wehby, 51, who wants to unseat Sen. Jeff Merkley, a first-term Democrat. And when people find out that she wants to leave one of the most highly specialized and well-compensated fields in medicine for Washington, they often react with disbelief.

Yet she is hardly alone among her physician peers. A heightened political awareness, along with a healthy self-regard that they could do a better job, is drawing a surprisingly large number to the power of elective office.

A few of the more incredulous questions she has fielded: "Why would you ruin a perfectly good life by running for Senate?" "Are you off your medication?" "I know you're used to dealing with small brains, but what about no brains?"

With a few exceptions, physician legislators and candidates are much alike: deeply conservative, mostly male, and practicing in the specialty fields in which costs and pay have soared in recent years. Wehby fits their profile in all but gender, although Republicans say that having a female candidate is an added advantage in Oregon.

Sen. Rand Paul, R-Ky., an ophthalmologist, is seen as a serious contender for his party's presidential nomination in 2016. Candidates for the Senate this year include an obstetrician in North Carolina, a radiologist in Kansas, a liver disease specialist in Louisiana and two other doctors in Georgia — all of them Republicans.

At least 26 more physicians are running for the House, some for re-election. In all, 20 people with medical degrees serve in Congress today, 17 in the House and three in the Senate, a number that has doubled over the past decade, according to the American Medical Association. (By contrast, a Johns Hopkins University study found that from 1960 to 2004, only 25 physicians served in either the House or the Senate.)

Why are so many physicians willing to trade their white coats — not to mention the autonomy, respect and high salary — for a job that can be so frustrating that it is now sending one veteran politician after another into retirement?

"Medicine has so changed, and it's not necessarily the Affordable Care Act," said Sen. Tom Coburn, R-Okla., who had a family medical practice before being elected to the House and later to the Senate.

The senator said today's doctors had watched the profession undergo tremendous realignments that are shifting doctors' responsibilities away from patient care, changes they attribute to the government's inefficacy. And many of them believe they can reverse the course.

"They're just frustrated," he said. "They practiced medicine when you could actually spend time with a patient, spend time to listen to them, figure out what's wrong with them."

As for the reason so few of them are liberal — out of the 17 medical doctors in the House, McDermott is one of only four who are Democrats — he said he believed that politically conservative physicians were more likely to chafe at the direction of changes in health care, with greater oversight by the government and a more regulated role for the private sector.

"It's a fundamental debate about what is in the public good," he said.

Rep. Andy Harris, R-Md., an anesthesiologist, said that physicians balked at the idea of lawmakers with no medical experience making decisions that could upend the profession.

"For them, it's a theory," he said. [Peters, *New York Times News Service*, 3/12]

Medical Practice Opportunities

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: rtbjason@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.

Brown Bag in the Boardroom Education Series

April 2014

April 9, 2014 ~ 12:15 - 1:30 pm (MT)
Legal Questions to Remain Compliant
Guest Speaker: Kim Stanger - Holland and Hart

April 23, 2014 ~ 12:15 - 1:30 pm (MT)
Being Comfortable with Evaluation & Management Documentation
Speakers: IMA Reimbursement Director Teresa Cirelli, CPC and IMA Reimbursement Specialist Kathrine Forstie, CPC

A registration form is available on the IMA website at http://www.idmed.org/displaycommon.cfm?an=1&subarticlenbr=8. Questions? Contact Kathrine at 208-344-7888 or kathrine@idmed.org.

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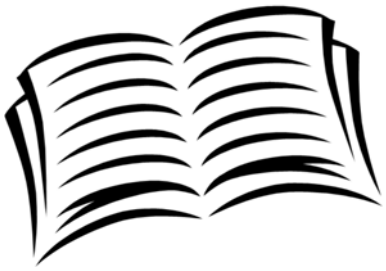

Order Your *2014 Referral Directory of Idaho Physicians*

The IMA is now accepting orders for the 2014 *Referral Directory.* 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 to place your order online or download the order form.

Calendar of Upcoming Events

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
April 23, 2014 12:15 - 1:30 pm (MT)	IMA Brown Bag in the Boardroom: *Being Comfortable with Evaluation & Management Documentation*
May 2 - 4, 2014	IMA Board of Trustees Meeting and Retreat

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