SGR Reform Discussion Draft Released  Bipartisan health care reform recently reappeared in Congress, when the Senate Finance and House Ways & Means committees released a framework to reform the Sustainable Growth Rate (SGR) formula for physician payment in Medicare. The proposal builds on an earlier bipartisan bill passed by the House Energy & Commerce committee this summer.

The 113th Congress has brought renewed commitment to repealing and replacing the flawed SGR update mechanism. This effort has been helped by the significantly reduced Congressional Budget Office score for a freeze of physician payments over the next ten years ($139 billion) and the bipartisan proposal reported out by the House Energy & Commerce Committee in July. Building on that effort, this bipartisan, bicameral discussion draft seeks to move away from the current volume-based payment system to one that rewards quality, efficiency, and innovation.

Never before has there been agreement between the House and Senate, Republicans and Democrats, on a plan to repeal the SGR or what it would be replaced with.

Key points on the SGR discussion draft. It would:

- Permanently repeal the SGR mechanism, and prevents the almost 25 percent scheduled cut on January 1
- Freeze the fee-for-service annual updates (zero percent) for the next ten years
- Offer physicians opportunities to earn greater payments for participating in alternative payment models (APMs), such as accountable care organizations and patient-centered medical homes, to reward value over volume
- Improve the accuracy of payments for physician services by setting a target for correcting misvalued services
- Incorporate physician and stakeholder expertise
- Reduce administrative burden on providers by aligning current physician quality programs
- Provide timely feedback data to physicians and make more Medicare data publicly available

(Continued on Page 2)
The American Medical Association (AMA) has commended the Committees for their leadership and efforts to repeal the SGR. In a letter to the Committee Chairs and Ranking Members, the AMA advocated for inclusion of positive updates to reflect the increasing costs of practice of medicine and to support practice investments that allow for advancements in care delivery and clinical practice improvement activities.

There are still a lot of details to be worked out and questions to be answered, including the toughest one, which is how the proposal will be paid for. The goal is to get the proposal enacted and signed into law before the end of the year. The IMA is closely monitoring the progress of the discussion draft and will provide additional information to members as it is available. The discussion draft is available online at http://waysandmeans.house.gov/uploadedfiles/sgr_discussion_draft.pdf.

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

- Tara Brigetta Anthes, MD, Diagnostic Radiology, Boise
- Adam D. Bell, DO, General Surgery, Lewiston
- William F. Beringer, DO, Neurological Surgery, Meridian
- Katie Litteras, MD, Obstetrics & Gynecology, Boise
- Steven V. Marx, MD, Diagnostic Radiology, Boise
- Daniel Noonan, MD, Cardiovascular Disease, Boise
- Jacob G. Robison, MD, Pediatric Otolaryngology, Boise
- Mark N. Uranga, MD, Pediatrics, Boise

Mental Health Parity and Addiction Equity Act  On November 8, the Department of Health and Human Services (HHS) issued the long-awaited Final Rule implementing the Mental Health Parity Act.

HHS Secretary Kathleen Sebelius said in announcing the rule, “For way too long, the healthcare system has openly discriminated against Americans with behavioral health problems. In the past, it was legal for insurance companies to treat these disorders differently than medical and surgical needs,” but “we are finally closing those gaps in coverage.” The rules will apply to almost all forms of insurance.

The new rule implements the 2008 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act signed by President George W. Bush in 2008. The rule guarantees that health plans’ co-payments, limits on visits to providers and deductibles for mental health benefits match those for medical and surgical benefits. It also ensures equal treatment for residential and outpatient care, a long-sought benefit in the mental health community.

The American Psychiatric Association (APA) is applauding the move, describing it as “a crucial step forward to ensure that patients receive the benefits they deserve and are entitled to under the law.” In addition to providing equal benefits for mental illness as physical illness, I am hopeful there will be strong monitoring and enforcement at both state and federal levels,” APA president Jeffrey Lieberman, MD, said in a statement.

Your IMA Dues Renewal is in the Mail!  2014 Membership Renewal Notice was mailed last week. We value your membership and participation, and urge you to renew today.

As an IMA member, you will enjoy many benefits that range from strong advocacy to third-party reimbursement assistance to discounts on products and services. But the greatest benefit is the knowledge that you are making an extra effort on behalf of your profession and proactively working to meet its challenges.

To renew online, go to www.idmed.org and click on Member Login. If you have not previously logged in, follow the instructions on the page. From your member portal, you can view and pay your 2014 IMA and local society membership dues. You can also join AMA and the Idaho Medical Political Action Committee (IMPAC). If you have any questions, please contact IMA Membership Relations and Database Coordinator, Kate Creswell at 208-344-7888 or via email at kate@idmed.org.
DOES YOUR MEDICAL MALPRACTICE INSURER KNOW WHICH DRUGS LEAD TO LAWSUITS IN INTERNAL MEDICINE?

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DRUGS MOST FREQUENTLY INVOLVED IN MEDICATION-RELATED MALPRACTICE CLAIMS AGAINST INTERNISTS

Source: The Doctors Company

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We relentlessly defend, protect, and reward the practice of good medicine.
Lock Your Meds Idaho  One in five Idaho teens admit to taking a prescription drug without a doctor’s prescription at least once in their life. Youth overwhelmingly report that they obtain these drugs easily from family members or friends.

The Office of Drug Policy, in coordination with the Idaho Prescription Drug Abuse Prevention Workgroup, launched a statewide, multi-media campaign to educate Idahoans of the dangers of prescription drug abuse.

The campaign aims to educate parents and grandparents that they’re unwitting suppliers of these dangerous drugs and to educate themselves on the proper use, storage, and disposal of medications.

Visit www.lockyourmedsidaho.org for more information. For prevention partners, check out the “Resources” tab and let them know if you would like to be a local affiliate for the campaign and receive print materials and community media kits. Email caitlin.zak@odp.idaho.gov.

Emails Ask Those Who Failed To Try Healthcare.gov Again  Roughly 275,000 “come back, we miss you” emails will be sent in waves encouraging consumers who couldn’t create an account or log-in to the malfunctioning Healthcare.gov website to try again, according to officials at the Centers for Medicare and Medicaid Services (CMS).

The announcement comes as the agency is working to meet a self-imposed November 30 deadline for getting the exchange site fully operational and glitch-free so users can enroll and begin looking for health insurance. Sending the emails in waves, batches of 10,000 at a time, is meant to keep frustrated users from returning all at once.

“We’re beginning to send messages to consumers who had account creation issues and giving them instructions on how to get enrolled and steps to do so,” said Julie Bataille, director of the CMS Office of Communications.

She said that since fixes and enhancements have begun many of the site’s account creation issues have been resolved.

Enhancements made to the website include more data storage to handle the volume of visitors, a saving and removing option to upload documents, consumer alerts on plan comparisons and unique identifiers for people choosing to use insurance brokers.

Ms. Bataille also said the agency hopes to release enrollment numbers by the end of the week, including a count of people who submitted an application and selected an insurance plan but who may not have paid their first month’s premium yet.[Evans, Kaiser Health News, 11/12]

Kaiser Health News is an editorially independent program of the Henry J. Kaiser Family Foundation, a nonprofit, nonpartisan health policy research and communication organization not affiliated with Kaiser Permanente.

Kootenai Health Family Medicine Coeur d’Alene Residency Update  The Kootenai Health Family Medicine Coeur d’Alene Residency successfully received accreditation from the Accreditation Council on Graduate Medical Education in July 2013 and is prepared to receive its first six residents in July 2014.

Affiliated with the University of Washington, the residency is a 6-6-6 program. They have begun interviewing from a large applicant pool of highly qualified candidates. The residents will participate in the National Matching Residency Program in March.

Kootenai Health has committed several million dollars to the startup of this residency program and will be looking to the Idaho State Board of Education and the Idaho Legislature for financial support for FY 2014-15 similar to funding levels of other Idaho-based residency programs.

IMA devotes considerable time and resources to lobbying for increased medical education funding. Idaho consistently ranks near the bottom nationally in ratio of physicians to patients and is quickly moving toward critical physician shortages. Access to care for all Idahoans is a top IMA priority.

IMA is both proud and excited to support the Kootenai Health Family Medicine Coeur d’Alene Residency and our lobby team will do its best to secure the necessary state dollars.

More information on the residency is available at http://kootenairesidency.org/.
Gifts to Referral Sources and Patients
by Kim Stanger, Holland & Hart LLP

At this time of year, many healthcare professionals want to give gifts to patients, physicians, or other referral sources to show their appreciation, but doing so may violate federal and state fraud and abuse laws. Here are some guidelines to ensure your gift giving does not get you in trouble with the government.

1. Gifts To Referral Sources. The federal Anti-Kickback Statute (AKS) prohibits soliciting, offering, giving, or receiving remuneration in exchange for referrals for items or services covered by federal healthcare programs (e.g., Medicare and Medicaid) unless the arrangement fits within a regulatory exception. AKS violations are felonies, and may result in criminal and civil penalties, False Claims Act liability, and exclusion from Medicare and Medicaid programs.

The AKS is violated if a purpose of the remuneration is to induce federal program referrals, including gifts to referring practitioners or program beneficiaries to encourage or reward their business. Moreover, the AKS applies to both the giver and recipient. It does not expressly apply to referrals for private pay business, but offering remuneration to obtain private pay referrals may also induce federal program business and thereby violate the AKS. In short, you should not give or accept gifts to or from referral sources (especially those referring federal program business) unless the gift is truly nominal, is clearly and completely unrelated to past or future referrals, or is very unlikely to influence referrals.

2. Gifts to Referring Physicians. In addition to the AKS, gifts to referring physicians or their family members may also implicate the Ethics in Patient Referrals Act (“Stark”). Gifts create a financial relationship under Stark; accordingly, Stark would prohibit the physician from referring patients to the giver for certain designated health services payable by Medicare, and would prohibit the giver from billing Medicare for those services, unless a regulatory exception applies. Stark violations may result in civil penalties, Medicare repayments, and False Claims Act liability. Stark does contain a limited exception that allows an entity to give unsolicited non-monetary gifts (not cash or cash equivalents) of up to $300 per calendar year if the gift does not take into account the

(Continued on Page 8)
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Loss Prevention Senior Representative
Kathy Kenady

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- Email questions to underwriting@miec.com

Policyholder Dividend Ratio*

<table>
<thead>
<tr>
<th>Year</th>
<th>MIEC</th>
<th>Med Mal Industry (PMAA Composite)</th>
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<tbody>
<tr>
<td>2007</td>
<td>2.2%</td>
<td>6.4%</td>
</tr>
<tr>
<td>2008</td>
<td>14%</td>
<td>6.4%</td>
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<tr>
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<td>29%</td>
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<tr>
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</tr>
<tr>
<td>2012</td>
<td>39%</td>
<td>8%</td>
</tr>
<tr>
<td>2013</td>
<td>41%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*(On premiums at $1/3 million limits. Future dividends cannot be guaranteed.)

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Why Physician Satisfaction Matters: Study Speaks Volumes
By AMA President Ardis Dee Hoven, MD

As a physician, what makes you feel most fulfilled in your career? For me, it’s the ability to provide high-quality care for my patients to help them lead healthier, more fulfilling lives.

That’s why I wasn’t surprised when I reviewed results from the AMA’s new study (http://www.rand.org/pubs/research_reports/RR439.html) on the U.S. health care system which gives an in-depth look at what drives physician satisfaction and the related implications for patient care, health systems and health policy.

In and of themselves, the study’s findings offer insight into the healthcare environment in which physicians and patients currently provide and receive care. In particular, the study notes that the most professional satisfaction for physicians comes from being able to provide high-quality care to their patients, while obstacles to giving their patients top-notch care are what make physicians most dissatisfied in their vocation.

The study findings highlight that physicians who feel overworked, overscrutinized or overburdened with unfulfilling tasks can suffer continually from a growing sense that they are neglecting the professional priorities that really matter—their patients.

Conducted by international nonprofit research institution RAND Corporation, the study identified the core causes of satisfaction that should be cultivated as well as the primary pain points that should be addressed if we are to create a health care system that fosters sustainable physician practices resulting in strong health outcomes for patients and greater professional satisfaction for physicians.

While the study findings are important, they will become transformative through how the AMA builds on them.

This study is a significant step in one of the AMA’s three ambitious focus areas - Care Delivery and Payment: Professional Satisfaction/Sustainability. By analyzing this data from a wide variety of physician practices, the AMA will be able to provide the information, tools and environment physicians need to succeed in providing the best possible care at an affordable cost.

Over the coming months, the AMA will continue identifying effective models of care delivery and payment that achieve high-quality patient care, greater professional satisfaction and long-term sustainability within our evolving health care system. We then will share our insights to help physicians make informed decisions about their practices while equipping them with practice-level solutions that will enable them to adopt models that meet their needs and the needs of their patients.

But we won’t stop there. We’ll also continue our work to change the health care environment to support these models—including removing regulatory barriers, altering how hospitals view success and leveling the playing field with health insurers.

That means using our influence and leadership to protect the integrity of medicine and medical practices of all sizes, whether in pushing back against regulations that require physicians to use inadequate technology in a way that detracts from patient care, illuminating the pathway for physicians to reconfigure how they deliver care to patients with debilitating chronic diseases or providing resources for implementing more patient-centric payment models.

Verify and Update Your Physician Online Profile   The IMA’s 2014 Referral Directory of Idaho Physicians will be published early next year. In order to ensure that the information that is printed in the Directory is correct, please verify that your current IMA membership profile information. You can check your profile information and make any necessary changes by accessing your Member Portal on the IMA website. Go to www.idmed.org and click on Member Login. If you have not previously logged in, follow the instructions on the page. If you have questions, please contact Kate Creswell at 208-344-7888 or kate@idmed.org.
In addition, entities with formal medical staffs may provide one local medical staff appreciation event for the entire medical staff per year. Any gifts or gratuities provided in connection with the annual appreciation event are subject to the annual $300 aggregate limit. In short, unless you are certain that the physician will not refer designated health services to you or you will not bill Medicare for such services, or you fit squarely within a Stark exception, you should not give gifts to referring physicians or their family members.

3. Gifts to Patients. Gifts to federal healthcare program beneficiaries implicate the AKS if they may induce or reward federal program business. In addition, the federal Civil Monetary Penalties Law ("CMP") prohibits offering or transferring remuneration to Medicare or Medicaid beneficiaries if you know or should know that the remuneration is likely to influence the beneficiary to order or receive items or services payable by federal or state programs from a particular provider unless certain conditions are satisfied. As a practical matter, providers are likely safe if they fit within the $10/$50 limits for gifts to patients.

4. Gifts from Vendors. The AKS may also apply to gifts offered by vendors: it prohibits you from soliciting or receiving such gifts as a reward or in exchange for referring federal program business to the vendors. As with other gifts between referral sources, you should not accept gifts of more than nominal value if you have referred or may refer federal program business to the vendor. In addition, such gifts may also trigger reporting requirements under the new Sunshine Act regulations.

Conclusion. Well-intentioned gifts between referral sources may have unintended consequences. Physicians should ensure that they and their staff comply with the rules cited above along with additional relevant state laws. If you have not done so recently, it may be a good time to review your compliance plan and these guidelines with your staff.

New Clearinghouse Resource. As reported in the October 15 issue of IMAGeS, Blue Cross of Idaho will cease to be an all payer clearinghouse in 2014. In response to requests from IMA members, the IMA contacted Blue Cross and received a list of alternative clearinghouses. We added contact information and web links to the list and it is available on the IMA website at www.idmed.org.
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New Cholesterol Guidelines Abandon LDL Targets

It's been more than a decade since the Adult Treatment Panel (ATP) issued the third report for the detection, evaluation, and treatment of elevated cholesterol and nine years since those recommendations were updated, but new guidelines from the American College of Cardiology (ACC) and American Heart Association (AHA), developed in conjunction with the National Heart, Lung, and Blood Institute (NHLBI), are now available online in both the Journal of the American College of Cardiology and Circulation (http://circ.ahajournals.org/).

And they contain some substantial changes from ATP 3.

Gone are the recommended LDL- and non-HDL–cholesterol targets, specifically those that ask physicians to treat patients with cardiovascular disease to less than 100 mg/dL or the optional goal of less than 70 mg/dL. According to the expert panel, there is simply no evidence from randomized, controlled clinical trials to support treatment to a specific target. As a result, the new guidelines make no recommendations for specific LDL-cholesterol or non-HDL targets for the primary and secondary prevention of atherosclerotic cardiovascular disease.

Instead, the new guidelines identify four groups of primary- and secondary-prevention patients in whom physicians should focus their efforts to reduce cardiovascular disease events. And in these four patient groups, the new guidelines make recommendations regarding the appropriate "intensity" of statin therapy in order to achieve relative reductions in LDL cholesterol.

No Evidence for Treating to Specific Targets

Dr. Neil Stone (Northwestern University Feinberg School of Medicine, Chicago, IL), the chair of the expert panel who wrote the guidelines, spoke with the media during a conference call and said there were some problems with treating to goal, specifically in patients who were treated close but not exactly to target.

"In secondary prevention, what if your patient is on high-intensity statin therapy and gets an LDL-cholesterol level of 78 [mg/dL] and is adhering to an excellent lifestyle?" said Stone. "From our point of view, there is a large body of evidence that says he's actually doing as good a job as he can possibly do. If he has to get to an optional goal of under 70 [mg/dL] as some would advocate, it means adding on medicines for which there is not proven benefit."

In addition, the panel said that the use of LDL-cholesterol targets might result in the overtreatment of patients with nonstatin drugs. These other agents have not been shown to reduce the risk of atherosclerotic cardiovascular disease. [O'Riordan, Medscape, 11/12]
### Medical Practice Opportunities

<table>
<thead>
<tr>
<th>Family Practice Physician</th>
<th>Physicians – Southwest Idaho</th>
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<tbody>
<tr>
<td><strong>American Falls, Idaho</strong></td>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

Power County Hospital District has an opening for a full time MD/DO for work in our clinic and hospital. Duties and responsibilities include clinic coverage in our Rural Health Clinic, ER coverage and backup ER coverage for Allied Healthcare Professionals, inpatient care and nursing home residents. Student loan reimbursement programs available. A competitive compensation package with guarantee is offered to the right candidate. This is a great opportunity in a great southeastern Idaho community.

Contact: Dallas Clinger at dallas.clinger@pchd.net

Nimiipuu Health Clinic, a Nez Perce Tribal clinic, serving the Tribal Community on the Nez Perce Indian Reservation, in beautiful North Central Idaho is currently recruiting for two positions open until filled:

<table>
<thead>
<tr>
<th>Job Title: Physician</th>
<th>(2) Mid Level Providers</th>
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</thead>
<tbody>
<tr>
<td>Division: Clinical/Medical</td>
<td>Division: Clinical/Medical</td>
</tr>
<tr>
<td>Reports to: Clinical Director</td>
<td>Report to: Medical Director</td>
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<tr>
<td>Location: Lapwai, Idaho or Kamiah, Idaho</td>
<td>Location: Lapwai, Idaho or Kamiah, Idaho</td>
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<tr>
<td>Classification: Regular Full Time or P/T Exempt</td>
<td>Classification: Regular Full Time or P/T Exempt</td>
</tr>
<tr>
<td>Salary Range: 200,000+ DOE</td>
<td>Salary Range: 75,000+ DOE</td>
</tr>
</tbody>
</table>

Introduction: The physician will provide professional medical services to patients within a tribal health clinic.

Duties and Responsibilities: Deliver patient care in a responsible, culturally sensitive, respectful and caring manner; provide medical screening, evaluation, diagnosis, treatment and prevention services in an outpatient clinic; document all patients visits no less than 24 hours following the patient visit using electronic health record data system; order and execute various tests; analyze reports and findings; administer or prescribe treatment and drugs within the scope of individual licensure.

Serve the Nez Perce Tribal community in a rural setting in beautiful North Central Idaho. Competitive salary and benefits, well maintained/equipped facilities, good hours, easy access to outdoor activities. Contact Human Resources at Nimiipuu Health, Human Resources, 208-621-4950 or main number 208-843-2271. Ask for Julian or Beverly.

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.
### Calendar of Upcoming Events

**November 20, 2013**  
12:15 - 1:30 pm (MT)  
IMA Brown Bag in the Boardroom Webinar - *Explore Medicare’s Final Rule 2014*

**November 21, 2013**  
8:00 am - 12:00 pm (PT)  
*Management Necessities and Leadership Skills Seminar*  
Northwest Specialty Hospital - Post Falls

**November 22, 2013**  
8:00 am - 12:00 pm (PT)  
*Management Necessities and Leadership Skills Seminar*  
St. Joseph RMC - Lewiston

**December 5, 2013**  
8:00 am - 12:00 pm (MT)  
*Management Necessities and Leadership Skills Seminar*  
SpringHill Suites Parkcenter - Boise

**December 6, 2013**  
8:00 am - 12:00 pm (MT)  
*Management Necessities and Leadership Skills Seminar*  
Mountain View Hospital - Idaho Falls

**December 4, 2013**  
12:15 - 2:15 pm (MT)  
IMA Brown Bag in the Boardroom Webinar - *CPT Changes 2014*

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*Additional information and registration forms for seminars are available at [www.idmed.org](http://www.idmed.org).*