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Idaho Medical Association

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IMA Wire

July 1, 2019

Congratulations to the 2019 IMA Foundation Future Physicians of Idaho Award Winners! Earlier in 2019, the Idaho Medical Association Foundation announced it would be making four individual awards in the amount of \$5,000 each to medical students and residents, with preference for applications with strong connections to Idaho and based specifically upon the following criteria:

- Idaho Roots: Born and raised in Idaho, from a rural underserved area, educated in Idaho schools
- Commitment to Return to Idaho: Demonstrated commitment to remaining in Idaho and ultimately setting up or joining a practice in Idaho
- Commitment to Rural and Underserved Idaho: The extent to which the applicant focuses on bringing services and solutions to Idaho's rural and/or medically underserved populations
- Specialty: The applicant's chosen specialty and the need for that specialty in Idaho
- Personal Statement: The strength of an applicant's personal statement and the extent to which an applicant's goals further the goals of the IMA Foundation

This year there were extremely well-qualified applicants and competition was fierce. In fact, the Foundation Board ultimately decided to offer an additional \$5,000 award to applicants for a total of five award recipients (two medical students and three residents).

On behalf of IMA Foundation President Keith Davis, MD and the members of the IMA Foundation Board, congratulations to the following award winners:

Colby Brower, University of Washington School of Medicine Residency Program: ISU FMR Rexburg Rural Training Track

Logan Jones, Campbell University School of Osteopathic

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Medicine (North Carolina)
Residency Program: ISU Family Medicine Residency

Jared Henderson, FMRI Twin Falls Rural Training Track
Post-Residency Employment: FMRI Magic Valley (refugee care)

Justin Jones, ISU Family Medicine Residency
Post-Residency Employment: St. Mary's Hospital, Cottonwood, Idaho

Skyler Shippen, ISU Family Medicine Residency
Post-Residency Employment: St. Luke's Hospital, Twin Falls, Idaho

The Foundation Board was very impressed with all of the applicants and is truly thrilled with the caliber of new physicians practicing in Idaho. Good luck to each of the recipients in the upcoming year!

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House of Delegates Reports and Resolutions Posted to IMA Website

The preliminary schedule, along with other meeting information including resolutions, is now available on the [IMA Annual Meeting webpage](#) in the Meeting Materials tab.

If you have not already done so, there is still time to register as a delegate! The 2019 Annual Meeting will convene at the Coeur d'Alene Resort at 8:30 am on Friday, July 19 and adjourn by noon on Sunday, July 21. Your advanced registration for the social functions is greatly appreciated so we can plan accordingly for your participation. You can register as a delegate and purchase tickets for Annual Meeting [online](#).

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Governor Little Signs Executive Order to Combat Opioid and Substance Misuse in Idaho

On June 13, Governor Brad Little signed an executive order aimed at combatting opioid and substance misuse in Idaho.

Idaho has made great strides in combatting the opioid crisis, particularly in use of the prescription drug monitoring program (PMP). Idaho providers have increased the number of PMP searches ten-fold from 353,000 searches in FY15 to 3.8 million in FY18. Idaho has also improved from 5th to 25th in the United States for past year prescription pain reliever misuse. Through efforts within the Opioid Misuse and Overdose Strategic Plan the state has made progress to combat substance abuse, however there is much more work to be done.

"The opioid crisis is taking lives and destroying families in Idaho. My executive order uses a broad, holistic approach to examining the crisis, so we can develop solutions that save lives and create a brighter future for our state," Governor Little said. "Idaho's collaborative approach has led to significant progress in

combatting opioid misuse to date, but there's more we can do. My executive order establishes an advisory group that will ensure we are investing in the right strategies and programs to make a meaningful difference for our state."

Melinda Smyser, administrator of the Governor's Office of Drug Policy, will chair the advisory group established by the executive order. The advisory group will include representatives of the Department of Health and Welfare; Board of Medicine; Board of Dentistry; Board of Pharmacy; Department of Correction; Idaho State Police; State Department of Education; Division of Veterans Services; Idaho Indian Tribes; and the medical, hospital, pharmacy, treatment, and insurance communities. The group also will include a member of the Idaho House of Representatives; a member of the Idaho Senate; a member of the judiciary; a county sheriff; a county prosecutor; and a city police chief.

A copy of Executive Order 2019-09 is [here](#).

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New AMA Policy Supports Project ECHO, CPAP Telemedicine Programs

The American Medical Association is throwing its support behind two telemedicine models that aim to improve provider education and patient access to care in rural and underserved parts of the country.

During its Annual Meeting, the AMA adopted a policy to encourage implementation of Project ECHO (Extension for Community Healthcare Outcomes) and Child Psychiatry Access Project (CPAP) programs by academic health centers and community-based primary care physicians. Both programs use connected health technology to give primary care providers in remote areas access to resources, peer support and specialist consults to improve care management for their patients.

"These training models offer a unique solution to specialty physician shortages by expanding the competencies and skills of physicians who are already providing patient care in our communities, rather than looking exclusively at increasing the physician workforce as the answer," AMA Board Member S. Bobby Mukkamala, MD, [said in an AMA press release](#). "The AMA supports multiple methods to help ease existing and predicted shortages and we will continue to work toward ensuring more people have access to high quality healthcare."

Developed in 2003 at the University of New Mexico School of Medicine by Sanjeev Arora, MD, a liver disease doctor based in Albuquerque who wanted to improve care management and coordination for patients with hepatitis C, [Project ECHO programs](#) use a hub-and-spoke telemedicine model to connect rural and remote practitioners with specialists to discuss cases that would otherwise be sent to large – and distant – health systems.

They're now being used in more than 170 locations in dozens of states, including Idaho (<https://www.uidaho.edu/academics/wwami/echo>), and 34 countries, and are the subject of The Expanding Capacity for Health Outcomes Act of 2019 (ECHO 2019 Act), [introduced in May](#) by Sens. Brian Schatz (D-HI), Tim Kaine (D-VA) and Lisa Murkowski (R-AK), which seeks to expand federal funding and technical assistance.

[In a letter](#) sent in March to the US Department of Health and Human Services, the AMA identified the Project ECHO model as a "promising strategy" to help the nation's care providers improve pain care and treatment, which in turn would help in the effort to control the opioid abuse epidemic. That same month, America's Health Insurance Plans (AHIP) [issued a call](#) for payers to embrace telemedicine – in particular, Project ECHO programs – to expand substance abuse treatment opportunities.

The CPAP model [was developed in 2004](#) in Massachusetts. Similar to Project ECHO, it use telemedicine to connect child and adolescent psychiatrists with primary care pediatricians for mentoring and training on care for children with behavioral health needs. [Wicklund, *mHealth Intelligence*, 6/12]

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President Signs Executive Order on Improving Price and Quality

Transparency in American Healthcare President Trump signed an Executive Order on June 25, entitled "Improving Price and Quality Transparency in American Healthcare to Put Patients First."

The purpose of the order is to direct federal agencies to issue regulations to improve the transparency of healthcare prices and quality in order to create a more competitive marketplace and provide consumers with the information they need to make informed purchasing decisions. More specifically, the executive order:

- Directs the Secretary of Health and Human Services (HHS) to issue regulations within 60 days that would require hospitals to publicly post standard charge information, including information based on negotiated rates, in an easy-to-understand format.
- Requires the Secretaries of HHS, Treasury, and Labor to issue an advance notice of proposed rulemaking within 90 days seeking comment on proposals to require healthcare providers, insurers, and self-insured group plans to provide consumer access to information about expected out-of-pocket costs before they receive health care services.
- Requires the Secretary of HHS, in consultation with the Attorney General and the Federal Trade Commission, to issue a report within 180 days on ways the federal government or private sector impede healthcare price and quality transparency for patients, with recommended solutions.
- Directs the Secretary of HHS, within 180 days and in consultation with other federal departments and agencies, to increase access to de-identified claims data from taxpayer-funded healthcare programs and group health plans for researchers, innovators, providers, and entrepreneurs to facilitate the development of tools that empower patients to be better informed purchasers of care.
- Requires the Secretary of the Treasury, within 180 days, to propose regulations to treat expenses related to certain types of arrangements, potentially including direct primary care and healthcare sharing ministries, as eligible medical expenses for Health Care Savings Accounts, and to increase the amount of funds in flexible spending accounts that can carry over at the end of the year without penalty.
- Directs the Secretary of HHS to submit a report to the President within 180 days on additional administrative steps that can be taken to address the issue of surprise medical bills.

AMA and IMA will track implementation of the Executive Order and keep members informed of how the provisions may impact physician practices.

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Idaho Medicaid Child and Adolescent Needs and Strengths One of the tools used in the new Youth Empowerment Services (YES) system of care is the Child and Adolescent Needs and Strengths (CANS). The CANS tool is an effective way to identify areas of strengths and unmet needs that may contribute to the mental health concerns of a child or adolescent.

To be eligible to administer the CANS, behavioral health physicians and other healthcare providers must be certified through the Praed Foundation and enrolled through Optum. The behavioral health team may include psychiatrists, psychologists, social workers, counselors and certified family support specialists. Recertification is required annually at a current cost of \$12 per year. Effective January 1, 2019, the Idaho CMH CANS course will be the only approved certification course for the YES program.

To support Idaho's implementation of the Child and Adolescent Needs and Strengths (CANS) Assessment, the Division of Behavioral Health is offering a limited number of CANS Certification codes to Medicaid/Optum Providers. These codes will allow individuals to certify on the CANS at no cost through the Praed Foundation's collaborative training site. [Click here](#) for more information.

Reimbursement for CANS assessment will be coded with Medicaid HCPCS code H0031. Modifier GT when performed via telemental health.

Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) are currently unable to be reimbursed separately for CANS which will be included in the encounter rate. Idaho Department of Health and Welfare is reviewing to see if CANS can be reimbursed separately.

Click [here](#) for additional information on the YES and CANS program.

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CMS Proposes Update to E-prescribing Standards to Reduce Provider Burden and Expedite Access to Needed Medications A proposed rule from the Centers for Medicare and Medicaid Services (CMS) issued June 17, 2019 calls for electronic prior authorization (ePA) updates aiming to improve prescribers' decision-making processes, ease administrative burden, and decrease the wait time for patients to receive prior authorization for a drug.

Effective January 1, 2021, prescribers and dispensers of Medicare Part D plans will be required to use the National Council for Prescription Drug Plans (NCPDP) SCRIPT 2017071 standard. This rule would implement key provisions of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

Under the proposed rule, prescriptions would be requested through an electronic prescribing (eRx) system or an eRx-enabled EHR. The system would notify prescribers of prior authorization (PA) requirements and direct the physician or other healthcare prescriber to fill out the necessary information for an electronic PA (ePA), including diagnoses. The physician or other healthcare prescriber would then receive real-time feedback as to whether the request was approved.

Access the full proposed rule here: <https://www.federalregister.gov/documents/2019/06/19/2019-13028/medicare-program-secure-electronic-prior-authorization-for-medicare-part-d>.

You can submit comments through August 16, 2019 on this proposed rule at <http://www.regulations.gov>.

Possible concerns:

- Although electronic systems would reduce eligibility errors and can help prevent dosage errors and misinformation, they cannot eliminate human error altogether. E-prescribing will not solve provider burnout, which is cited as the primary reason for adverse drug events (ADEs). Fatigued or overloaded physicians and nurses are more prone to writing down an incorrect dosage, drug name, or other detail. Even an electronic system cannot entirely prevent a physician from entering the wrong information.
- Design and interface may become an impediment in some scenarios. For some e-prescription systems, for example, the alerts are not noticeable enough. Others send so many alerts that the prescriber becomes overwhelmed and less sensitive to them. When a physician faces issues such as these, faulty dropdown boxes and automatic entries, it can lead to the prescriber expending more time to edit the document manually.

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Pain Management Task Force Issues Final Report on Best Practices for Treatment of Pain The [Pain Management Best Practices Inter-Agency Task Force](#), a federal advisory committee established by the [Comprehensive Addiction and Recovery Act of 2016 - PDF](#), released its [final report on acute and chronic pain management best practices](#), calling for a balanced, individualized, patient-centered approach.

To ensure best practices for the treatment of pain, the Task Force final report underscores the need to address stigma, risk assessment, access to care and education. It also highlights five broad categories for pain treatment: medications, interventional procedures, restorative therapies, behavioral health, and complementary and integrative health approaches.

"There is a no one-size-fits-all approach when treating and managing patients with painful conditions," said Vanila M. Singh, MD, MACM, Task Force chair, and chief medical officer of the HHS Office of the Assistant Secretary for Health. "Individuals who live with pain are suffering and need compassionate, individualized and effective approaches to improving pain and clinical outcomes. This report is a roadmap that is desperately needed to treat our nation's pain crisis."

The Task Force was created in the midst of a national opioid epidemic, but also at a time when an estimated 50 million adults in the United States experience chronic daily pain. As such, the report emphasizes safe opioid stewardship by recommending more time for history-taking, screening tools, lab tests, and clinician time with patients to establish a therapeutic alliance and to set clear goals for improved functionality, quality of life, and activities of daily living. Medication disposal and safe medication storage are also emphasized for patient safety.

The report includes a section highlighting disparities and unique challenges faced by special populations, including veterans, active military, women, youth, older adults, American Indians and Alaska Natives, cancer patients and those in palliative care, and patients with sickle cell disease and other chronic, relapsing painful conditions.

The Task Force has [29 members](#), representing federal and non-federal entities with diverse disciplines and views. It is overseen by the U.S. Department of Health and Human Services, in cooperation with the U.S. Department of Veterans Affairs and the U.S. Department of Defense. The Task Force members have significant public- and private-sector experience across disciplines, including pain management, patient advocacy, substance use disorders, mental health, veteran health, and minority health.

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IMAFS Financial Health Tip

4 HABITS TO INCREASE YOUR SAVINGS

1

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2

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3

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4

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