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Idaho Medical Association

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IMAgEs

February 15, 2019

Idaho Submits Medicaid Expansion Plan to Feds
The Idaho Department of Health and Welfare (DHW) has sent the federal government its proposal to amend the state's Medicaid plan.

The proposed change to the state's plan would expand Medicaid coverage to everyone making less than 138 percent of the poverty level, as called for in a ballot measure voters passed in November. It does not include any requests for waivers for work requirements, benefits limits or any other such modifications, said DHW spokeswoman Lisa Hettinger.

"Prop 2 didn't call for anything beyond what they're calling a simple Medicaid expansion," she said. The state is accepting public comment on the proposed changes until March 22.

Hettinger said the Centers for Medicare and Medicaid Services (CMS) will review the state's documents and then ask questions. She said it could take a couple of months for the state to hear back from CMS.

Democratic lawmakers and Medicaid expansion proponents have been calling on the state to implement Medicaid expansion without any modifications. However, many Republican lawmakers opposed Medicaid expansion in the first place, and have been talking about adding restrictions such as work requirements, co-pays and lifetime benefit limits. These changes would require a waiver from the federal government. Some of these restrictions have been implemented by other Republican states that have expanded Medicaid.

So far one bill to put limits on Medicaid expansion has been introduced. Sponsored by Senator Mary Souza, R-Coeur d'Alene, it would create a voluntary job training program for Medicaid expansion enrollees, end expansion if the federally funded share drops below the current 90 percent and order DHW to apply for a federal waiver to cover people making between 100 and 138 percent of the poverty level through the Your Health Idaho state exchange rather than Medicaid.

Should any of these bills pass, Hettinger said the department would

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amend its proposed plan to comply with the Legislature’s will. “Depending on what the change is, we can always redraw and submit, or simply withdraw and go back to the drawing board and start over if Proposition 2 is amended in such a way that our current request is no longer valid with the federal government,” Hettiner said. “States do that routinely, it’s a very normal practice.” [Brown, *Post Register*, 2/15]

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

- Gregory Bailey, MD, Neurological Surgery, Pocatello
- David C. Bartels, DO, Oncology, Hematology, Coeur d’Alene
- Aaron J. Crum, MD, Psychiatry, Boise
- David M. Flores, MD, Urology, Coeur d’Alene
- Jessica L. Kroll, MD, Emergency Medicine, Boise
- Erin R. Lane, MD, Pediatrics, Boise
- Mary Beth Nagle, MD, Family Medicine, Boise
- Lois R. Niska, DO, Family Medicine, Boise
- Harold K. Thompson, MD, Emergency Medicine, Emmett
- Alexander Zouros, MD, Neurodevelopmental Disabilities Pediatrics, Neurological Surgery, Boise

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Little Says New Law Will Give Idaho Nation's Broadest Opioid-Reversal Drug Access Idaho is on track to have the broadest naloxone-access law in the nation, Governor Brad Little declared February 14, as he signed HB 12 into law, making the opioid-overdose-reversing drug available from any licensed or registered health care professional, to be given to anyone with “a valid reason” to possess it. That could mean first responders, family members, drug users themselves, or anyone who is likely to be able to help someone suffering from an opioid overdose by administering the drug. “No doctor visit is required, and it can be accessed by anyone in a position to help someone at risk,” Little said.

The bill takes effect July 1; it passed both the House and Senate unanimously.

House Health and Welfare Committee Chairman Fred Wood, the bill’s lead sponsor and a physician

himself, said it will mean “significant increase in distribution to non-health care providers, just lay people in the public.” Administering the drug to someone suffering from an overdose, he said, can “prevent them from dying.”

The drug is available as a nasal spray or injection. Under federal law, it is available only by prescription. It has no effect in people who are not taking opioids; it works by reversing the respiratory depression, or slow and ineffective breathing, that occurs during opioid overdose.

Wood said, “The one thing we have to do in America is start looking at how we got here. Why does America use more than 90 percent of all the hydrocodone consumed in the world? ... Why do we view pain that way? Why do we treat pain that way?”

Little noted that many who become addicted to prescription opioids switch to heroin because it’s cheaper, “and of course Fentanyl (a highly potent synthetic opioid) is the one that really, really scares us, because of the impact there.”

Wood told Little, “I’ll work as hard as you do on this crisis, and together, we’ll solve it.” [Russell, *Idaho Press*, 2/14]

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CMS Proposes Interoperability Rules to Increase EHR Access On February 11, The Centers for Medicare and Medicaid Services (CMS) released proposed rules that require many types of insurers to provide electronic health data in a standard format by 2020.

In two long-anticipated rules, the CMS and the Office of the National Coordinator (ONC) for Health Information Technology proposed requiring healthcare providers and insurers to implement open data-sharing technology to ensure data can move from one plan to another, potentially by way of patient apps.

The CMS and ONC also released two requests for information on how the CMS can promote interoperability and reduce any burden on providers regarding health IT.

In addition, the proposals aim to make public the names of providers who block patient information, in a bid to inspire providers to end the practice. The CMS proposes that only hospitals that now possess an EHR system that can generate such patient notifications will have to meet the requirement, which will go into effect in 2020.

The CMS rule as proposed would require insurers on Medicare Advantage, Medicaid, the Children's Health Insurance Program and Affordable Care Act plans to provide enrollees with immediate access to medical claims and other information by 2020.

The information that must be provided will include data on diagnoses, procedures, tests and providers that a patient has seen, and will provide insights into a "beneficiary's health and healthcare utilization," according to a summary on the CMS proposed rule.

The CMS' proposal also would expand requirements for insurance plans to adopt application program interface technology to make their provider networks available for enrollees and prospective enrollees.

The ONC rule outlines the standardized application format for APIs (Application Programming Interfaces) to expand their use. "We have heard a lot of concerns that interoperability is technically there, but because of pricing strategies and shutting down market competition those APIs are not effectively available," said Dr. Don Rucker, the national coordinator for health IT, on a call with reporters on Monday. "This proposed rule would stop that."

The CMS also proposes that payers in agency programs such as CHIP, Medicare Advantage, Medicaid managed-care and Affordable Care Act plans participate in a trusted exchange network to let them "join any health information network they choose and be able to participate in a nationwide exchange of data. This would enable the information to flow securely and privately between plans and providers throughout the healthcare system," the agency said.

There are key requirements in both proposed rules for hospitals as well. The CMS is proposing requiring

psychiatric hospitals, critical-access hospitals and facilities that participate in Medicare to send "electronic notifications when a patient is admitted, discharged or transferred," a summary of the rule said. Such notifications are a proven tool for improving transitions of care when a patient moves from a hospital to another healthcare setting, the agency said.

If the rule is finalized, the CMS would have the power to name hospitals and practices that "unreasonably limit the availability, disclosure and use of electronic health information."

The ONC proposed rule outlines the exceptions for healthcare providers where information-blocking is acceptable, such as engaging in practices to prevent patient harm and perform maintenance to improve health IT performance.

Some industry groups were pleased that the ONC and CMS acknowledged exceptions to information-blocking such as privacy and security of electronic health information, according to a statement from the American Health Information Management Association, a credentials and standards-setting group for health information management. [King, *Modern Healthcare*, 2/11]

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One in Four Doctors Say Prior Authorization has Led to a Serious

Adverse Event It just keeps getting worse. That's a major finding of an AMA survey

(<https://www.ama-assn.org/system/files/2019-02/prior-auth-2018.pdf>) of 1,000 practicing physicians who were asked about the impact prior authorization (PA) is having on their ability to help their patients.

More than nine in 10 respondents said PA had a significant or somewhat negative clinical impact, with 28 percent reporting that prior authorization had led to a serious adverse event such as a death, hospitalization, disability or permanent bodily damage, or other life-threatening event for a patient in their care.

PA, a health plan cost-control process, restricts access to treatments, drugs and services. This process requires physicians to obtain approval prior to the delivery of the prescribed treatment, test or medical service in order to qualify for payment.

Traditionally, health plans applied PA to newer, expensive services and medications. However, physicians report an increase in the volume of prior authorizations in recent years, to include requirements for drugs and services that are neither new nor costly.

The vast majority of physicians (86 percent) described the administrative burden associated with prior authorization as "high or extremely high," and 88 percent said the burden has gone up in the last five years.

Share your story with the AMA at <https://fixpriorauth.org/share-story> about PA's impact on your practice and your patients to help. Visit FixPriorAuth.org to learn more.

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Flu Shots This Winter Providing Moderate Levels of Protection, CDC Data Show

This year's flu shot is protecting about half of the people in the United States who have been vaccinated from getting sick enough from influenza to need medical care, according to new data, suggesting it's providing moderate levels of protection.

Interim estimates from the Centers for Disease Control and Prevention indicate the vaccine offers about 47 percent protection against all influenza infections and 46 percent protection against H1N1 viruses, which are causing the lion's share of illnesses this year in most parts of the United States. The protection rate against H3N2 viruses, which are the main culprits in the southeastern U.S., is 44 percent.

That means, in rough terms, that for every 10 flu infections in people who were not vaccinated, four or five would have been averted if they'd taken a flu shot. The findings were published in the CDC's online journal *Morbidity and Mortality Weekly Report*.

The estimates are actually lower than what has been reported in Canada and Hong Kong this winter. Canada reported 72 percent effectiveness in all age groups against H1N1 viruses, while a study from Hong Kong - which looked solely on children - suggested the vaccine was 90 percent protective overall, and the H1N1 component was 92 percent effective in preventing serious illness.

But Dr. Alicia Fry, head of epidemiology and prevention in the CDC's Influenza Branch, cautioned against drawing too many comparisons at this point in the flu season. The season has been mild, Fry said, and there have been fewer infections than last year. That means there are less data on which to calculate the interim estimate. Fry called the signs of effectiveness so far "encouraging" and said the level of protection provided by the vaccine is within the range of what one would expect. [Branswell, *STAT*, 2/14]

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Reduce Burnout - Improve Patient Care

Bellin Health/AMA Team-Based Care Training Camp
Monday, April 1 through Wednesday, April 3
Lambeau Field
Green Bay, Wis.

Join Bellin Health and the American Medical Association at Lambeau Field, April 1–3, for hands-on training that will help you learn how to implement effective team-based care practices and protocols that work for you, your staff, and improve patient care.

One-of-a-kind interactive session experts from the AMA and Bellin Health will train you to plan and implement team-based patient care in primary and specialty care, and will have dedicated breakout sessions for integrating behavioral health and addressing social determinants of health in your practice.

Tackling problems at the organizational level using a team-based approach to patient care allows everyone in your practice to work at their highest level of licensure, and ultimately creates more efficiency for the entire team.

Nationally recognized leader Bellin Health's team-based care plan is known for delivering results that reduce burnout and improve patient care.

To register for the training camp and view the agenda, visit bellin.org/trainingcamp for more information.

Hotel rooms are available at the Lodge Kohler with reservations held under the Bellin Health block (#1027J7). Make your reservation by calling toll-free (877) 586-8160.

AMA members receive a \$200 discount AMA members receive a \$200 discount per member. Use promo code AMA2019 when registering [online](#).

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Medical Practice Opportunities

Physician – Kellogg

Physician - Post-Acute Care – Coeur d'Alene

Psychiatric Nurse Practitioner or Physician Assistant – Behavioral Health – Coeur d'Alene

The mission of Heritage Health is to deliver a healthcare experience that provides hope, inspires change and extends life for our patients and our community. Heritage Health is a growing patient-centered practice who is looking for a full-time physician in Kellogg, a full-time physician for the Post-Acute Care team in Coeur d'Alene and a full-time psychiatric nurse practitioner or physician assistant in Coeur d'Alene.

The Heritage Health physician provides high quality care in accordance with national guidelines to all

Heritage Health patients in a culturally competent manner. The Heritage Health physician strives to provide care consistent with Heritage Health's mission statement. The physician provides clinical support to all providers and staff on an as needed basis. The Heritage Health physician is a strong leader who treats all staff with respect and supports teamwork and a positive work environment.

The NP or PA provides diagnosis, treatment, and management in a behavioral health clinical setting to a specified population. Provides consultation for in-house patients for Heritage Health providers and, if needed, assumes responsibility for psychiatric care. Counsels and educates patients regarding treatment and refers to ancillary and support services.

Additional information including job descriptions and minimum qualifications along with online applications are available at www.myheritagehealth.org/careers. Heritage Health is an Equal Opportunity Employer.

Remote/Independent Contractor Physician: Board certified or eligible in ob/gyn, urology, family medicine, emergency medicine, preventative medicine

We are Ro, a mission-driven healthcare technology company where doctors, pharmacists and engineers are working together to reinvent the way the healthcare system works. Ro is currently seeking remote physicians to provide care to our members via our telemedicine platform.

For more information, visit <https://ro.co/>. To apply, please contact athena@ro.co

Large, Independent Multi-Specialty Group Looking to Grow
Nampa, Meridian, Boise and Caldwell, Idaho
Full-Time

Saltzer Medical Group (SMG) is seeking growth opportunities with other like-minded physicians interested in joining an independent, multi-specialty practice in Idaho's Treasure Valley. Current specialties include Family Practice, Internal Medicine, OB/GYN, Pediatrics, Neurology, Ophthalmology, Orthopedics, Pulmonology, Rheumatology, Sleep Medicine and Urgent Care. Opportunities exist for Primary Care and Specialty Physicians, as well as Advanced Practice Providers, to join a well-established group of 50 plus providers.

SMG is an independent physician-led, professionally managed, large multi-specialty practice with six locations in Nampa, Meridian, Boise and Caldwell, Idaho. SMG was established in 1961 by Dr. Joseph Saltzer and the friendly, patient-oriented approach that characterized his practice is still faithfully adhered to, even in these technologically advanced times.

Contact: Vicki Tyler at 208-463-3158 or vdytler@saltzemed.com for additional information.

BC/BE Clinical Gastroenterologist
Nampa, Idaho
Full-Time

Saltzer Medical Group (SMG) is an independent physician-led, professionally managed, large multi-specialty practice with six locations in Nampa, Meridian, Boise, and Caldwell, Idaho. SMG was established in 1961 by Dr. Joseph Saltzer and the friendly patient-oriented approach that characterized his practice is still faithfully adhered to, even in these technologically advanced times.

SMG is seeking a BE/BC Gastroenterologist to work in our on-site Endoscopy Suite. Candidate would be assuming a mature practice and join a well-established, multi-specialty independent practice in Idaho's Treasure Valley. The practice offers a competitive salary with incentive and comprehensive benefits, along with a strong referral base within the practice.

Contact: Vicki Tyler at 208-463-3158 or vdytler@saltzemed.com for additional information.

[Primary Health Medical Group, Boise](#)

