

Northern Ohio Physician Leaders Discuss the Impact of Health Care Reform

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was pleased to participate in an event sponsored by the Health Action Council entitled "Health Reform from Different Perspectives — Accountable Care Organizations, Medical Homes and Insurance Exchanges." The audience was comprised of benefit managers, attorneys and finance professionals representing various employers around the region. A panel of key stakeholders was on hand to discuss the impact of health care reform on their services, changes expected as a result, and what this might mean for the Northern Ohio community.

The focus of the session included how the hospital community was reacting to changes in Medicare, what is the anticipated impact of accountable care organizations and medical homes on primary care physicians and how the State of Ohio is preparing for reform and the implications of state based exchanges.

Presenters included Dr. Eric Bieber, System Chief Medical Officer from University Hospitals, Dr. Michael Rabovsky, Vice Chairman, Cleveland Clinic Medicine Institute, Ms. Mary Jo Hudson, former Director for the Ohio Department of Insurance, and AMCNO immediate past president, Dr. Laura David.



Presenters at the "Health Reform from Different Perspectives" included (l to r) Dr. Michael Rabovsky, Ms. Mary Jo Hudson, Esq., Ms. Barbara Belovich, Dr. Laura David, and Dr. Eric Bieber.

The physician presenters noted that approaches to reform must be based on common sense and focus on key drivers that could transform the health care system. This should include a system of care focused on value as well as predictive models
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AMCNO President Participates in School of Medicine Commencement Award Ceremony

The Academy of Medicine Education Foundation Bestows Inaugural Award

Dr. Lawrence T. Kent, president of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), spoke at this year's Case Western Reserve University's School of Medicine commencement awards ceremony on behalf of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO). The awards ceremony was held on Saturday, May 16 and included remarks by Dr. Kent to the students regarding the importance of becoming involved in the community and as a part of organized medicine. Dr. Kent was also present at the commencement ceremony the following day at Severance Hall. The commencement also included the graduating class of medical students from the Cleveland Clinic Lerner College of Medicine.

This year marked the first time that the Academy of Medicine Education Foundation (AMEF) presented an award to a graduating student. AMEF is the 501(c)3 organization and the foundation arm of the Academy of Medicine of Cleveland & Northern Ohio (AMCNO). The

Foundation is dedicated to the improvement of health care and it touches the lives of physicians, medical school students and citizens across the region, through scholarships, community health projects and education. The AMEF Award is given
(Continued on page 3)



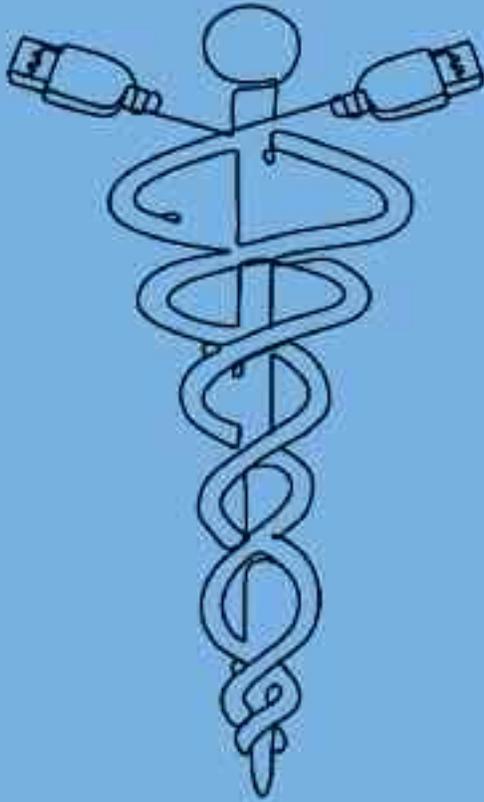
Dr. Lawrence Kent, AMCNO president, presents the AMEF inaugural award (left to right Dr. Pamela Davis, Evan Howe, and Dr. Kent).

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AMCNO COMMUNITY OUTREACH

Northern Ohio Physician Leaders Discuss the Impact of Health Care Reform (Continued from page 1)

to customize care. Presenters also mentioned the need to bundle acute care into episodes that align incentives, promote cooperation, quality and efficiency, while maximizing the efficiency and safety of care transitions.

The physicians provided details with regard to the benefits of a patient-centered medical home model noting that the model can result in fewer emergency room visits and less overall cost to the system along with improved patient experience and quality care. The accountable care organization (ACO) model was also discussed along with background on the criteria to be followed in order to establish an ACO.

Dr. David outlined the goals of the Accountable Care Act and cited studies illustrating the predicted deficit of physicians in all specialties by 2014. This shortage will cause physicians to respond by incorporating team concepts and collaborating with hospitals to monitor quality, outcomes and best practices to reward outcomes over procedures. All of the physicians mentioned the importance of the use of the electronic medical record to increase efficiency and streamline patient care.

The former director of the ODI, Ms. Hudson outlined the work that had been completed during her tenure with regard to the implementation of a statewide health insurance exchange noting that there are over 1.5 million people in Ohio without health insurance coverage due to medical underwriting issues and the fact that small employers cannot provide coverage. She noted that the exchange is intended to address these issues, however, since the changeover in the administration it remains to be seen how this will be addressed going forward.

The AMCNO was pleased to be a part of this event and our physician leadership plans to continue to work with the Ohio Department of Insurance and other health care leaders on these issues as reforms continue to change the face of health care in the Northern Ohio region. ■

Roth IRA Conversion..... Is it Right for You?

The Tax Increase Prevention and Reconciliation Act of 2005 (TIPRA) eliminates income limits and allows all taxpayers to convert traditional IRAs to Roth IRAs beginning in 2010.

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AMCNO President Participates in School of Medicine Commencement Award Ceremony (Continued from page 1)

to a graduating student who has shown outstanding commitment to the Cleveland and Northern Ohio community, and is a strong advocate for all patients and promotes the practice of the highest quality of medicine. This year's AMEF award recipient was Evan Howe. Evan worked tirelessly in our community through his medical school and two graduate degree programs in public health at Case to perform both scholarly work and extensive volunteerism in the fields of diabetes care, providing improved health care to the homeless, and addressing end-of-life issues. Evan plans to remain in Cleveland to perform his residency in primary care. The AMEF board plans to continue this tradition at future commencement award ceremonies.

Dr. Kent offered the graduates a "Welcome to the Profession" address:

It is an honor for me, as the current president of the Academy of Cleveland and Northern Ohio, to be a part of this wonderful occasion to acknowledge the presentation of awards to those of you who have already shown that you are the future leaders of our profession.

As you take your separate paths into your medical adventure, I am sure you will look back on the last few years with gratitude for the hard fought knowledge and skills you have acquired and with fondness for the relationships with classmates and teachers you have forged. The next few years — as you have probably heard — will be arduous but rewarding.

But what is really novel is that you doing this in the midst of one of the most rapidly evolving environments for medicine in a long time. It is difficult to visualize exactly what your future practice world will look like but it will certainly be different from most practices of today. The hope will be that we all can maintain our profession as just that — a profession — and not just a job. To do that, your generation as individuals — will need to have a voice. The internet and social networks have provided new tools for this but organized medicine is still the representative to which outside policymakers look to for leadership from the medical profession, including at a local and regional level. Therefore, greater involvement and leadership from your generation will be needed.

You will be extremely busy in the next few years but I suggest to you that involvement in organized medicine — whether it is the Academy of Medicine of Cleveland & Northern Ohio or another county/regional medical society — may be one of the most important and rewarding ways in which you can help to shape your professional life — in the way you want it shaped and not in the way others envision if for you.

Again congratulations and best of luck in your future careers!

The AMCNO and AMEF heartily congratulates all of the 2011 medical school graduates. The AMCNO has represented the physicians in this region for over 187 years and we were proud to be a participant in these events. ■

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The Academy of Medicine Education Foundation (AMEF) Co-Sponsors Statewide Immunization Conference

This May the Academy of Medicine Education Foundation (AMEF) was a proud co-sponsor of the the Consortium for Healthy and Immunized Communities, CHIC, 2011 Statewide Immunization Conference. This biennial conference presents nationally known speakers with expert knowledge in vaccines, coding, administration errors, anticipated vaccines and the anti-vaccine movement.

Presenters this year included; Paul Offit, MD, Chief, Section of Infectious Diseases at The Children's Hospital of Philadelphia, Professor of Pediatrics at the University of Pennsylvania, JoEllen Wolicki, RN, BSN, The Centers for Disease Control and Prevention (CDC), Steve Cochi, MD, MPH, Senior Advisor, Global Immunization Division, National Center for Immunization and Respiratory Diseases, CDC, and Litjen Tan, PhD, Director, Medicine and Public Health at the American Medical Association and Co-Chair of the National Influenza Vaccine Summit.

The one-day conference was held at Windows on the River in Cleveland. Two hundred thirty-two participants, including physicians, nurse practitioners, nurses and office staff filled the ballroom. Participants

traveled from over twenty-five Ohio counties and from as far away as Cincinnati and Dayton. Physicians were awarded 4.5 category 1 CME credits and nurses received 4.75 nursing contact hours.

Conference participants were presented with a signed copy of Dr. Offit's latest book *Deadly Choices, How the Anti-Vaccine Movement Threatens Us All*, and a conference notebook full of helpful vaccine information.

Support for this statewide immunization conference was provided by; The Academy of Medicine Education Foundation, OhioPace (supported by a grant from Pfizer, Inc.), Merck Vaccines, and Sanofi Pasteur, Inc. ■



Ms. Cindy Modie, RN, BSN, Supervisor, Vaccine Services for the Cuyahoga County Board of Health and Dr. Paul Offit spend a moment at the CHIC event.



Over 200 participants, including physicians, nurses and office staff participated in the CHIC event.

MedWorks Event a Huge Success – Again!

On Saturday, June 11th, MedWorks and its cadre of over 210 medical volunteers worked diligently to provide the area's medically underserved with quality medical care in just one day on Cleveland's west side. Partnering with Cleveland-based Federally Qualified Health Center, Neighborhood Family Practice, MedWorks provided nearly 1,000 medical appointments to 455 patients.

During the one-day event, the MedWorks clinic provided 455 patients with 975 various medical services. Patients received care by a primary care provider or specialist — including cardiologists, ENTs, podiatrists, rheumatologists, pediatricians, dermatologists and others. Over 20 patients were contacted within 5 days of the clinic because they are considered to be emergent cases in need of immediate follow-up care. The on-site laboratory conducted 182 blood and urine tests and

at least 10 EKGs were performed. Test results were released within 30 minutes and patients were able to speak with their doctors to review the findings. In addition, MedWorks filled 300 drug prescriptions and provided refill prescriptions when indicated.

Of the 455 patients, over 170 visited with a women's health specialist. The AMCNO immediate past president, **Dr. Laura David** was one of the specialists. The AMCNO is



Dr. Laura David (right) talks with a MedWorks volunteer at the event.

a supporter of the MedWorks project and Dr. David has volunteered her time at every MedWorks event since the inception of the program. The AMCNO salutes Dr. David and all of the physicians who volunteered for the MedWorks event for their commitment to this important community project. ■

AMCNO Joins Partnership for Patients

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Board of Directors has agreed to become a supporter of the *Partnership for Patients: Better Care, Lower Costs*, a new public-private partnership that will help improve the quality, safety, and affordability of health care for all Americans. The Partnership for Patients brings together leaders of major hospitals, employers, physicians, nurses, and patient advocates along with state and federal governments in a shared effort to make hospital care safer, more reliable, and less costly. The Partnership for Patients aims to encourage collaboration between hospitals, medical professionals, insurers, employers and patients so that best practices can be learned and shared. Studies have suggested that almost 100,000 U.S. patients die every year because of preventable medical errors.

As part of this initiative, the Department of Health and Human Services (HHS) plans to disseminate best practices that have already allowed the nation's best hospital systems to cut preventable errors significantly. The administration is also making available \$1 billion from the healthcare reform law to help those results. Half of that amount was made

available for community-based organizations to partner with hospitals to help patients after discharge from the hospital. Another \$500 million will be made available by the new Medicare innovation center to test new models for reducing hospital-acquired conditions. Already, more than 500 hospitals, physician and nurses groups, and consumer

advocates have pledged their commitment to the initiative, according to HHS.

The two goals of this new partnership are to keep patients from getting injured or sicker and to help patients heal without complication. The AMCNO has signed onto the partnership and pledged our commitment to this initiative which will work to redesign activities across clinical settings to reduce harm, reduce preventable readmissions, and improve care transitions; engage with patients and families to implement practices that foster more patient-centered care that improves safety, communication, and care coordination; and learn from and share experiences in order to make care safer and more coordinated. To learn more about the Partnership for Patients go to: <http://www.healthcare.gov/center/programs/partnership/index.html> ■

Update on the Ohio Health Information Partnership HIE and Patient Consent Issue

By J. Ryan Williams, Esq., Walter and Haverfield, LLP

Last month, the AMCNO Board of Directors along with 8 healthcare institutions in Northern Ohio submitted comments to the Ohio Health Information Partnership (OHIP) regarding the proposed patient consent policies for the OHIP health information exchange. (See the article in the May/June issue of the *Northern Ohio Physician* for a full discussion of the AMCNO's comments to OHIP). A major focus of the comments was OHIP's proposed interpretation of Ohio law concerning patient consent. OHIP has posited that Ohio law requires express patient consent before physicians and other healthcare providers are permitted to exchange health information with each other for treatment purposes. The comments also addressed OHIP's proposed "opt-in" model for patient consent. The AMCNO objected to OHIP's interpretation of Ohio patient consent laws and identified a number of problems with the "opt-in" model, both from a legal and practical standpoint.

Since submitting the comments, OHIP has been busy. For starters, OHIP finalized and announced its selection of MediCity as the technology provider for the health information exchange, which will be known as CliniSync. The Privacy and Policy Committee of OHIP held several follow-up meetings to address the issue of patient consent and the patient consent model for CliniSync. Representatives of the health care community in Northern Ohio participated in all meetings. During these meetings, the comment letter from Northern Ohio received considerable attention.

OHIP ultimately decided to step away from taking a public position that current Ohio law mandates written patient authorization before physicians can share health information for treatment purposes. The comment letter from Northern Ohio played a critical role in OHIP's decision. Nevertheless, OHIP appears to be heavily leaning towards adopting an "opt-in" patient consent model for CliniSync. Even though OHIP's preference

for an "opt-in" model is based on policy (not its view of Ohio law), the "opt-in" model is somewhat inconsistent with current practice in Northern Ohio.

In the comment letter and as representatives from Northern Ohio discussed in the OHIP follow-up meetings, many physicians and health care providers in Northern Ohio do not routinely obtain written patient authorization to share health information for treatment purposes. During a recent follow-up meeting, the Privacy and Policy Committee received indication from other health care providers in the state that disclosures for treatment purposes occur without express patient consent. Adopting a consent model for CliniSync that is inconsistent with this practice would create significant participation barriers for physicians and health care providers in Northern Ohio. One hospital estimated that it would take a year to implement the original proposal and 100% compliance could not be assured.

At press time, OHIP had requested a roundtable meeting in Northern Ohio during which OHIP representatives would like to discuss data-sharing practices and other thoughts on CliniSync with the AMCNO, local physicians and health care institutions.

Hopefully, OHIP will remain receptive to further comments from Northern Ohio physicians and health care providers regarding the form and frequency of patient consent so that workable, cohesive solutions can be implemented for the State of Ohio. ■

NORTHERN OHIO PHYSICIAN

THE ACADEMY OF MEDICINE
OF CLEVELAND & NORTHERN OHIO
6100 Oak Tree Blvd., Suite 440
Cleveland, OH 44131-2352
Phone: (216) 520-1000 • Fax: (216) 520-0999

STAFF Executive Editor, Elayne R. Biddlestone

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Ohio Statehouse Report

Ohio Budget Issues

The Kasich administration reports that 2.21 million Ohioans will be eligible for Medicaid in 2012 and 2.26 million will be eligible in 2013. The administration also reports that 4% of Medicaid recipients drive 50% of the costs. With this increase in eligibility, and with such a small number of recipients driving the Medicaid healthcare costs, the administration has deemed it appropriate to make changes to Medicaid in terms of funding, policy and philosophy. Gov. Kasich's director of the Ohio Office of Health Plans' John McCarthy has laid out four principles to address the shift in Medicaid. The principles are improving care coordination; integration of behavioral and physical health care; rebalancing of long-term care; and modernization of reimbursements.

Improved care coordination entails the development of health homes, under an integrated care delivery system model that will provide a single point of contact, support choice among settings of care, and ensure the delivery of patient-centered care. The plan will move 37,000 children with disabilities towards a pediatric accountable care organization model. Rebalancing of the long-term care system consolidates all funds into a single line item and implementation of a single home- and community-based waiver for nursing home-level service recipients. Modernizing reimbursements involves full implementation of a price-based model for nursing facilities, which will allow for investment of a larger number of resources in direct care services and in homes that achieve quality.

The AMCNO joined the Center for Health Affairs (CHA) and the Ohio Hospital Association's (OHA) opposition to language in the budget bill (HB 153) that would have forced hospitals into one-sided contractual relationships with Medicaid managed care plans (MCPs). All of the associations urged that the non-contracting provision be deleted from the budget. The AMCNO letter noted that our members practice in these hospitals and as such could also be negatively impacted by these provisions. The AMCNO further urged the committee to carefully consider the comments sent to them by both the Ohio Hospital Association and the Center for Health Affairs during their review of this matter. The AMCNO further noted that while Northeast Ohio

hospitals lose more than \$200 million each year providing services to Medicaid patients, the physician community remains committed to its mission to provide services and resources to patients. The AMCNO commented that the non-contracting provision harms our communities' strongest economic engine in favor of out-of-state, for-profit managed care plans and noted that this language could be harmful to the quality of care provided in this region. As a result of the opposition from the AMCNO and the hospital associations this language was removed from the budget bill.

Ohio Medicaid Launches the Medicaid Provider Incentive Program (MPIP) – AMCNO Co-Sponsors MPIP Training Sessions

The Ohio Department of Job & Family Services has announced the opening of the Medicaid Provider Incentive Program (MPIP). The Ohio Department of Job and Family Services (ODJFS) is now accepting applications for a new Medicaid Provider Incentive Program (MPIP). MPIP provides financial incentives to qualified Medicaid providers who adopt, implement or upgrade, and meaningfully use certified electronic health record (EHR) technology. MPIP will provide incentive payments to eligible professionals (EPs) and eligible hospitals (EHs) as they adopt, implement, upgrade, and demonstrate meaningful use of certified electronic health records (EHR) technology. Eligible professionals and eligible hospitals can begin the registration process at the CMS website <http://www.cms.gov/EHRIncentivePrograms/> and when they select Medicaid as part of that registration process, they will receive information about how to complete enrollment in MPIP at the MPIP web portal. Under MPIP, eligible professionals can receive up to \$63,750 over a maximum of 6 years of participation in the program. Eligible hospital payments are based on a number of factors and will be distributed over four years. MPIP will continue until 2021, but 2016 is the last year a Medicaid provider may begin participation in the program. Please visit the updated MPIP website — <http://jfs.ohio.gov/OHP/HIT%20Program.stm> — for more information including a new FAQ reference, tip sheets for EHs and EPs and prerequisites EPs need to enroll in MPIP.

The AMCNO was pleased to co-sponsor a webinar for our members illustrating how

the MPIP and the Ohio Department of Job and Family services (ODJFS) will begin to accept applications and issue incentive payments to eligible professionals and hospitals. Program topics included Medicaid EHR incentive program background, structure and timeline, how to adopt, implement or upgrade (AIU) for Medicaid, the MPIP application process and other key points. If you missed the webinar please go to the AMCNO website for a link to view the webinar — www.amcno.org

AMCNO Leadership Participates in Ohio Department of Health Discussion Regarding Implementation of Medicaid Health Homes

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) executive staff and physician leadership were invited by Dr. Ted Wymyslo, Director of the Ohio Department of Health (ODH) to participate in a discussion regarding Medicaid health homes. This meeting was convened by ODH in an effort to garner feedback from stakeholders in order to define and implement Medicaid health homes in Ohio. The purpose of the meeting was to make initial decisions about how best to achieve a common vision for defining and implementing Medicaid health homes in Ohio. The group convened to evaluate the portion of the Accountable Care Act 2703 which provides for a state option to provide health homes for enrollees with chronic conditions. During the meeting, the group reviewed data on the leading chronic diseases in Ohio, the geographic distribution of disease incidence and existing Patient-Centered Medical Homes, and initiatives at both the federal and state level. The group also spent time learning more about the "business case for medical homes" from Dr. Paul Grundy, Global Director, IBM Healthcare Transformation.

The Ohio Department of Job and Family Services (ODJFS) staff presented to the group on the Ohio Medicaid Health Home concept. This presentation focused on how health homes differ from medical homes and what opportunities are available for Ohio. The goals of the Medicaid health home is to develop a person-centered system of care focused on the chronically ill, with a health home that spans medical care, behavioral care, and community-based services which supports improved outcomes while providing better services and value. The health home concept is related to, but not the same as the medical home since the intent is to have Medicaid health homes

expand on the traditional medical home model while focusing on patients with multiple chronic and complex conditions, coordinating across medical, behavioral, and long-term care, building linkages to community and social supports and recovery services, while focusing on health information technology. In addition, the health home will focus on outcomes with the intent to reduce emergency department and hospital admissions with a reduced reliance on long-term care facilities, providing for an improved experience of care and quality of care. The Medicaid health home services may or may not be provided within the walls of a primary care practice and may or may not be incorporated into a medical home initiative.

Medicaid health home services would be available to Medicaid consumers with two or more of the following conditions: mental health; substance abuse; asthma, diabetes; heart disease; being overweight (BMI>25); one chronic condition and at risk for a second, or a serious and persistent mental health condition. State participation in this concept is optional and timing is flexible - and certain diseases as well as geographic locations can be targeted. Funding for this initiative is a federal-state match for Medicaid health home services.

The stakeholder group reviewed a projected timeline for the rollout of this concept in Ohio. The stakeholders plan to convene into work groups in order to continue developing the details for the implementation of a Medicaid health home concept in Ohio. Additional information will be provided to the AMCNO membership as it becomes available.

Final Pain Management Clinic Licensure Rules Clarified

On May 20th Gov. Kasich signed into law HB 93 – legislation that was drafted from the recommendations of last year’s Prescription Drug Abuse Taskforce. HB 93 requires the State Board of Pharmacy to license pain management clinics, and requires the State Medical Board to adopt standards for physicians who operate and provide care at such facilities.

In accordance with House Bill 93, the State Medical Board of Ohio finalized its emergency rules on the standards for owning and operating a pain management clinic. HB 93 also requires the State Board of Pharmacy to license pain management clinics.

Here are the key points of HB 93 that will affect physicians in Ohio:

- Requires the State Board of Pharmacy (the Pharmacy Board) to license pain management clinics.
- Provides for pain management clinics to be licensed as terminal distributors of dangerous drugs with a pain management clinic classification.
- Delays, until 30 days after the bill’s effective date, the prohibition on operating a pain management clinic without holding a terminal distributor of dangerous drugs with a pain management clinic classification.
- Requires the State Medical Board (the Medical Board) to adopt rules establishing standards for physician operation of pain management clinics and standards to be followed by physicians who provide care at pain management clinics.
- Authorizes the Pharmacy Board to impose a fine of up to \$5,000, and the Medical Board to impose a fine of up to \$20,000, for failure to follow the rules of operation or standards for pain management clinics.

In the rush to make the bill effective immediately, some confusion and many questions arose in the physician community. In amending the proposed emergency rule, the Medical Board considered comments received from individuals and organizations concerning the requirements for ownership of a pain management clinic, requirements for practicing at a pain management clinic, and other provisions of the rule. AMCNO has been active in the rule review process and in touch the Ohio State Medical Board and the Kasich administration.

The State Medical Board of Ohio [Medical Board] has amended the language of proposed emergency Rule 4731-29-01, *Standards and Procedures for the Operation of a Pain Management Clinic*. The emergency rule was effective on June 20, 2011. In summary, the changes include the following:

1. Adds definitions for “chronic pain” and “pain.”
2. Deletes the definition of “local hospital” and the requirement that a physician owning or practicing at a pain management clinic must have staff privileges at a local hospital.
3. Establishes the general requirement for physician ownership of a pain management clinic as current subspecialty certification in pain management or hospice and palliative medicine or current board certification by the American Board of Pain

Medicine or the American Board of Interventional Pain Physicians.

4. Provides a limited grandfather provision for physicians who wish to own a pain management clinic but who do not meet the general requirements for subspecialty certification or current board certification.
5. The physician must have filed an application for a license as a category III terminal distributor of dangerous drugs with a pain management clinic classification with the State Board of Pharmacy by **June 20**.
6. The physician must meet of one of several educational and practice options. One option is that the physician has provided at least three years of full-time clinical services in pain medicine, pain management, hospice and palliative medicine, addiction psychiatry, physical medicine and rehabilitation, occupational medicine, or rheumatology.
7. The Medical Board must determine, following an investigation that the physician’s practice appears to comply with the minimal standards of care.
8. Allows any physician to provide care at a pain management clinic under the direction, supervision, and control of the owner.
9. Requires all physicians who own and/or provide care at a pain management clinic to complete at least 20 hours of category I continuing medical education in pain medicine every two years.
10. Clarifies record keeping requirements and other provisions of the proposed rule.

Information on rules proposed to implement HB 93 and other topics related to safe prescribing may be found at the **Center for Safe Prescribing**: http://med.ohio.gov/Center_for_Safe_Prescribing.html.

AMCNO Supports Legislation to Address Health Insurer Issues – SB 136 – Payment for Health Care Services

The AMCNO strongly supports SB 136 – legislation that will address how doctors and other health care professionals interrelate to HMOs and other health care insurers. This legislation will address four areas: prior authorization (PA), timely payment, health insurer retrospective audits and contract fairness.

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LEGISLATIVE ISSUES

Statehouse Update

(Continued from page 7)

The legislation would ensure that prior authorization requirements or restrictions are listed on the health insurer's website; allow providers and patients to obtain PA authorizations through a web-based system; ensure that a new or future PA requirement is disclosed at least 60 days prior to the new requirement being implemented; guarantee that once a PA has been approved, the insurer will not retroactively deny coverage for the approved service and require insurers to disclose on their websites statistics regarding PA approvals and denials.

Timely payment issues are also addressed in the legislation. The draft legislation updates Ohio's prompt pay law by requiring insurers and third party payers to process and pay claims in 15 days rather than 30 days.

Health insurer retrospective audits are also addressed in the legislation — with the intent to update Ohio's retrospective audit law to continue permitting take-backs but subject to the following guidelines — take-backs may occur up to 6 months after a payment is made or if the insurer requires

the physician to submit claims for a period less than 6 months, then the take-back period will equal the time period to submit the claim. SB 136 would also prohibit unilateral contract amendments between insurers and physicians. The AMCNO will be involved in the debate on this legislation going forward offering our comments and strong support.

Hearings Begin on SB 129 – Civil Immunity – Providing Emergency Care

Hearings are continuing on SB 129, legislation which is strongly supported by the AMCNO. This legislation would provide civil immunity to medical professionals who offer services in compliance with a federal law or as a result of a disaster. The bill is sponsored by Sen. Kevin Bacon (R-Columbus) and Sen. Cliff Hite (R-Findlay). The goal of the legislation is to provide physicians with the ability to work in an emergency setting more freely and provide the best care possible. In testimony, proponents stated that immunity is needed because of the nature of the emergency room setting — where doctors have a short time to assess a patient's condition before providing treatment. Proponents also noted that this type of immunity is needed because doctors

practicing in an emergency room must treat anyone who comes into the ER and they are not able to select which patients they will treat. Proponents further noted that the bill will help increase access to emergency care across the state, will bring more on-call doctors into emergency settings, and help reduce the number of needless lawsuits that are filed against physicians.

As expected, trial lawyers are strongly opposed to this legislation and argue that the legislation is not needed. They have argued that the legislation would provide blanket immunity to physicians and that while the number of malpractice claims are up, the number of lawsuits are down. The legislation will continue to move through the process once the new state operating budget has been enacted and the AMCNO will continue to offer our strong support for this legislation.

The AMCNO tracks all healthcare-related bills under review in the Ohio legislature. AMCNO members with questions about the AMCNO lobbying efforts or any portions of this article may contact Ms. Elayne Biddlestone at the AMCNO at (216) 520-1000, ext. 100. ■

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Federal Plan for Health Care Costs Containment: Changes Are Coming

An Overview of Proposed Changes/Health Care Law Reform

By Marilena DiSilvio and David Valent

The National Commission on Fiscal Responsibility and Reform recently released its final report, called *The Moment of Truth*. The report sets forth recommendations for Congress to consider when attempting to balance the federal budget. The proposed changes include a specific plan to contain health care costs. The purpose of this article is to provide an overview of several recommended changes, which, if made into law, could impact your patients and/or your health care practice.

Background

President Obama created the bipartisan National Commission on Fiscal Responsibility and Reform to address our nation's fiscal challenges. The Commission was charged with identifying policies to improve the fiscal situation in the medium term and to achieve fiscal sustainability over the long-run. Specifically, the Commission's purpose was to propose recommendations designed to balance the budget, excluding interest payments on the debt, by 2015. The Commission comprises 18 members, including Senators and Representatives of each party and a select group of non-political leaders.

In an effort to bring the budget into primary balance (balance excluding interest costs) in 2015, and to improve the long-run fiscal outlook, the Commission created a six-part plan for reform that includes: 1) Discretionary Spending Cuts, 2) Comprehensive Tax Reform, 3) Health Care Cost Containment, 4) Mandatory Savings, 5) Social Security Reform, and 6) Changes to the Budget Process.

This article focuses on the recommended changes for health care cost containment. According to the Commission, federal health care spending represents the single largest fiscal challenge over the long-run.

Health Care Cost Containment

To correct the course of our health care system, the Commission made several specific recommendations. Interestingly, some of the proposed changes would actually cost the government more money in the short-term, but save money in the long-run.

Reform Measures that Would Cost More Money Short-Term, But Save Money Long-Term:

- **Proposed Reform of Medicare Sustainable Growth Rate – “Doc Fix”:**

The Sustainable Growth Rate (SGR) — known as the “Doc Fix” — was created in 1997 to control Medicare spending by setting payment targets for physician services, and reducing payments if spending exceeded the targets. The SGR formula required reductions in physician payments

every year since 2002. However, beginning in 2003, Congress stayed the reductions each year, requiring even larger reductions being needed every subsequent year. To date, the reductions have still not been implemented. Due to the accumulated short fall from deferred reductions, the SGR formula would require a 23% reduction in Medicare physician payments in 2012, and will need to increase every year the problem is not fixed.

To fix the problem, rather than shocking physician's with this significant cut, the Commission recommends freezing physician payments in 2012. Under this plan, if payments remained frozen through 2020, it would actually cost \$267 billion relative to current law. The Commission believes that this amount can be off-set by other proposed changes to reduce spending.

The above is only a temporary fix. For long-term sustainability, the Commission further recommends directing the Centers for Medicare and Medicaid Services to develop an improved physician payment formula that encourages care coordination across multiple providers, and that pays doctors based on quality, instead of quantity of service. In order to maintain pressure to establish a new system, the proposal would reinstate the SGR payment reduction formula starting as early as 2015, and until CMS develops a revised physician payment system.

- **Plan to Reform or Repeal of CLASS Act:**

The Community Living Assistance Services and Supports (CLASS) Act established a voluntary long-term insurance program enacted as part of the Affordable Care Act (ACA). The program attempts to address an important public policy concern — the need for non-institutional long-term care. However, many experts view the program as financially unsound. As it stands now, the program's earliest beneficiaries pay modest premiums for only a few years, and receive benefits many times larger. Accordingly, sustaining the system over time will require increasing premiums and reducing benefits, to the

point that the program is neither appealing to customers, nor able to accomplish its stated function. Absent reform, the program is likely to require large general revenue transfers, or else collapse under its own weight.

The Commission advises that the CLASS Act be reformed in a way that makes it sustainable over the long term; although, the Commission fails to provide a specific plan to accomplish this goal. To the extent that this is not possible to accomplish meaningful reform of this program, the Commission advises that it should be repealed.

Technically, repealing the CLASS Act will increase the deficit over the next decade, since the program's premiums are collected upfront, and its benefits are not paid out for 5 years. Of course, repealing the CLASS Act would serve to ultimately save money in the long run.

Reform Measures that Will Reduce Budget in Short Term, And Cover Increased Costs Associated with Medicare “Doc Fix” and Proposed CLASS Act Reform:

To off-set the increase in short-term costs associated with the proposed reform outlined above, the Commission suggests a set of specific options for health care savings, which if all were implemented, would save nearly \$400 billion from 2012 through 2020. Such recommended savings measures include:

- **Increase government authority and funding to reduce Medicare fraud.**

The Commission recommends increasing the ability of The Centers for Medicare and Medicaid Services (CMS) to combat waste, fraud and abuse, by providing the Agency with additional statutory authority and increased resources.

- **Reform Medicare – Patient Cost Sharing.**

Currently, Medicare beneficiaries must navigate a hodge-podge of premiums, deductibles, and co-pays that offer neither spending predictability, nor protection from catastrophic financial risk. The Commission believes that the current system keeps per-service costs shared by patients too low, which results in an over-utilization of health care. In place of the current structure, the Commission recommends establishing a single combined annual deductible of \$550 for Part A (Hospital) and Part B (Medical Care), along with 20% uniform co-insurance on health spending above the deductible. The Commission would also provide catastrophic protection for seniors by reducing their co-insurance rate to 5% after costs exceed \$5,500, and capping total cost sharing at \$7,500.

(Continued on page 10)

Federal Plan for Health Care Costs Containment: Changes Are Coming (Continued from page 9)

- **Restrict First-Dollar Coverage in Medicare Supplemental Insurance.**

The ability of Medicare to control costs — either under current laws and/or as proposed above — is limited by the purchase of supplemental private insurance plans (aka Medigap Plans) that piggyback on Medicare. Medigap plans cover much of the cost-sharing / patient payment — which again leads to over-utilization of care — since such care is provided at little or no cost. The reform as set forth would prohibit Medigap plans from covering the first \$500 of enrollee's cost-sharing liability and limit coverage to 50% of the next \$5,000 in Medicare cost-sharing.

- **Extend Medicaid Drug Rebate for "Dual Eligibles" in Part D.**

Drug companies are required to provide substantial rebates for prescription drugs purchased by Medicaid beneficiaries. The Commission recommends extending these rebates to Medicaid beneficiaries who are also eligible to Medicare Part D. These folks are known as "dual eligibles."

- **Reduce Excess Payment to Hospitals for Medical Education.**

Medicare provides supplemental funding to hospitals for teaching programs for costs related to residents receiving graduate medical education. The Commission recommends reducing these payments based on a mathematical formula associated

- **Cut Medicare Payments for Bad Debts.**

Currently, Medicare reimburses hospitals and other providers for unpaid deductibles and co-pays owed by beneficiaries. The Commission recommends gradually putting an end to this practice, which is not mirrored in the private sector.

- **Place Dual Eligibles in Medicaid Managed Care.**

Approximately nine million low-income seniors and disabled individuals are covered by both Medicaid and Medicare. The divided coverage for dual eligibles results in poor coordination of care for this vulnerable population and higher costs to both federal and state governments. The Commission recommends giving Medicaid full responsibility for providing health coverage to dual eligibles, and requiring that they be enrolled in Medicaid managed care programs. Medicare would continue to pay its share of the costs, reimbursing Medicaid. Medicaid has a larger system of managed care than does Medicare, and this would result in better care coordination and administrative simplicity.

- **Medical Malpractice Tort Reform**

Among the changes specifically recommended for nationwide medical malpractice tort reform are: 1) modifying the "collateral source" rule to allow outside sources of income collected as a result of an injury to be considered in deciding awards; 2) imposing a statute of limitations of 1 to 3 years on all medical malpractice lawsuits; 3) replacing joint-and-several liability with a fair-share rule, under which a defendant in a lawsuit would be liable only for the percentage of the final award that was equal to his or her share of responsibility for the injury; 4) creating specialized "health courts" for medical malpractice lawsuits; and, 5) allowing "safe haven" rules for providers who follow best practices of care. Further, select members of the Commission, also recommended statutory caps on punitive and non-economic damages.

As an aside, it is important to note that similar changes to those recommended by the Commission for Nationwide reform have already been adopted into Ohio law by the Ohio Legislature. Ohio's tort reform, and corresponding case law, has already provided for: 1) the introduction of evidence of dollar amounts "written-off" from medical bills; 2) the submission of a physician's affidavit of merit to be provided in support of each medical malpractice lawsuit filed; and 3) the placement of caps on non-economic damages and punitive damages.

- **Implement and Expand Payment Reform Pilot Programs.**

The Commission proposes to ask CMS to design and begin implementation of Medicare payment reform pilots, demonstrations, and programs as rapidly as possible and allow successful programs to be expanded, without further congressional action. The Commission also recommends that CMS should ensure that the private sector is an active partner in the research and design of payment reforms, building on concepts that have been proven to work at the state, regional, or federal level.

Conclusion

Looking forward, we can expect that many of the proposed changes and/or a variation of such changes will be implemented into law in the months and years to come. The Commission's recommendations come with bipartisan support and in a fiscal climate where change is needed. Many of the changes here will likely impact your patients and/or your health care practice. The degree of such impact remains to be seen. Should you have any questions regarding this article, please do not hesitate to contact Marilena DiSilvio and David Valent of Reminger Co., L.P.A. ■

¹ Ohio Revised Code § 2315.20; *Jaques v. Manton* (2010), 125 Ohio St.3d 342.

² Civ. R. 10(D)(2); *Fletcher v. University Hospitals of Cleveland*, 120 Ohio St.3d 167.

³ Ohio Revised Code § 2323.43, § 2315.21.

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AMCNO Hosts Four J15 Transition Sessions with CGSSM, LLC

(formally known as CIGNA Government Services)

In May, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was pleased to host four sessions where representatives from CGSSM, LLC (formally CIGNA Government Services*) provided participants with key information about the new J15 A/B MAC Contractor. On hand for the presentations were Ms. Deanna Menshew, the CGS Jurisdiction 15 Implementation Communications Manager, and Dr. Gary Oakes, the CGS Medical Director. (In the last issue of the *Northern Ohio Physician* magazine, the AMCNO provided our members with a detailed overview on the Jurisdiction 15 transition to CGS — see page 19 of the May/June NOP issue).



The AMCNO was pleased to host the CGS sessions at our offices where over 125 offices managers were on hand to learn more about the CGS transition.

The presenters noted that CGS does use PECOS and it will take CGS between 45-60 days to process Provider Enrollment applications. Also it is not required that providers “participate” or sign a contract with CGS in order for CGS to process and pay Medicare claims. CGS works as a Medicare contractor for the Centers for Medicare and Medicaid Services (CMS) and will process Medicare claims according to the Medicare participation election on file with the current Medicare contractor.

Any claim which has completed processing by Medicare but has not been sent to the Coordination of Benefits (COB) contractor on the day of final processing for the outgoing contractor will not be crossed over to the supplemental payer. CGS will attempt to minimize the impact of this by working closely with PalmettoGBA to reduce workloads as much as possible with the goal of having as few claims as possible in this situation. CGS will alert providers of any claims that may be impacted in this way.

submission or phone contacts, CGS does have a new website, www.cgsmedicare.com. CGS is also reminding practices that converting all of their communication will take some time so it is very important to open and respond to all communications you may receive whether it is addressed from CGS or their former name of CIGNA Government Services. ■



Dr. Gary Oakes, the CGS Medical Directors (left) spends a moment with Ms. Vanessa Williams from PalmettoGBA (center) and Ms. Deanna Oakes, the CGS Communications Manager.

Mailing addresses for the submission of paper claims, provider enrollment applications, refund checks, appeals, and others will be updated with the transition. Information on the CGS listserve, website, news page, help desk and where to find frequently asked questions were also provided. CGS does plan to have monthly Ask the Contractor teleconferences — for more information go to www.cignagovernmentservices.com/j15/education.html

CGS is also planning ongoing outreach with partner organizations such as the AMCNO going forward. Details of all educational outreach will be promoted through the J15 website, ListServ, and Facebook as well as by the AMCNO.

*CIGNA Government Services is Now CGSSM, LLC

CIGNA Government Services has changed their name as part of their acquisition by BlueCross BlueShield of South Carolina. Effective immediately, their name is CGSSM, LLC. This name change will not affect the transition process to CGS as Ohio's new Medicare Part B Carrier. This name change does not impact the transition process to CGS as Ohio's new Medicare Part B Carrier and it does not affect services, claims

AMCNO Offers Community Outreach Information for your Patients

The AMCNO is pleased to provide our members with a copy of the AMCNO Community Outreach brochure which is included as an insert in this issue of the *Northern Ohio Physician* magazine. The brochure is also available on the AMCNO website. The Communications committee of the AMCNO developed the brochure for dissemination by our members to your patients. This brochure is an excellent way to let your patients know that you are a proud member of the AMCNO while providing your patients with useful information about our community services. The brochure can be reproduced as is or if you would like to personalize the brochure to include your name or your practice name showing that you are a member of the AMCNO this can be done by simply downloading a copy of the brochure from our website and adding your name to the brochure. If you have any questions or would like additional copies of the brochure, please contact the AMCNO offices at 216-520-1000. If you would like to download a copy of the brochure go to our website at www.amcno.org.

The presenters also noted that if a provider has a claim with a date of service (DOS) that occurred prior to June 18, 2011 and the claim was not submitted for processing prior to the cutover — the claim should be submitted to CGS. All claims, regardless of the DOS, are to be submitted to CGS after June 18, 2011. Also, if physicians have a claim, appeal, provider enrollment application, etc., that is in process with PalmettoGBA at the time of cutover, the physician or his staff should contact CGS for follow-up or resolution of that claim after the cutover — all pending and historic files will be transferred from PalmettoGBA to CGS at the time of cutover date for completion of processing.

Medicity selected as vendor for Ohio's health information exchange

Ohio will soon have a health information exchange where physicians and hospitals can securely share patient information with one another across the state. The Ohio Health Information Partnership has selected Medicity as the vendor to create the technological infrastructure for CliniSync, which is the name of the state's new health information exchange. Instead of relying on the transmission of paper records about a patient's condition — including lab results, past medical history, medications and other test results — Ohio's healthcare providers can use CliniSync to electronically access that information, with a patient's consent, over this secure, protected network.

While hospital and healthcare providers may have been able to exchange this information within their own walls or even regionally, they now will "talk" to one another electronically from city to city, from rural practices to regional hospitals through CliniSync. While this will take time over the next two years to fully implement, the first phase of securing at least 10 hospital systems will begin this summer.

Under a federal grant program from the Office of the National Coordinator, Ohio already has 3,690 physicians signed up for electronic health record systems out of 6,000 slots available from the federal government. Doctors are now receiving free services at regional extension centers across Ohio to prepare for and adopt electronic health records. CliniSync will now allow them to share those records with one another.

Specifically, Medicity's HIE solutions will:

- Establish a longitudinal health record for each patient so that authorized providers can see a patient's complete medical history;
- Enable physicians to communicate about patient care multi-directionally across organizational boundaries;
- Support hospitals and physicians as they demonstrate meaningful use of their electronic health records so they qualify for federal incentive funds;
- Empower Ohio to connect to any other state or regional health information exchange network;
- Facilitate coordinated exchange within Ohio's state departments to report on public health issues at both state and federal levels;
- Assist Ohio in providing physicians with a direct, protected and secure email system under the federal Direct Project initiative.

For more information, go to www.ohionline.org or to Medicity at www.medicity.com. ■

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AMCNO Applauds Institute of Medicine (IOM) Report Targeting the Accuracy of Medicare Regional Payments

The AMCNO was pleased to learn that a June report from the Institute of Medicine (IOM) has recommended utilizing geographic health sector data from the Bureau of Labor Statistics, expanding wage data to account for all types of health workers in private practice, and using the same number of geographic market areas for physician and hospital payments. These recommendations were welcomed by the AMCNO since we have strongly advocated for changes to the geographic payment methodology used by the Centers for Medicare and Medicaid Services (CMS).

A committee studying Medicare payments has concluded that the program should be using more accurate data when adjusting pay rates based on where physicians and hospitals are located. Geographic adjustments to Medicare payments are intended to accurately and equitably cover regional variations in wages, rents, and other costs incurred by hospitals and individual health care practitioners. The rationale for fine-tuning Medicare payments based on geographic variations in expenses beyond providers' control is sound and should be continued, the committee concluded.

This report is one of three that are to be produced by an IOM committee charged with studying price variations related to Medicare geographic adjustments. Geographic adjustments designed to reflect the differing costs of providing care between different regions of the country are a factor in determining the final rate that a physician receives for a service. For example, there are 441 geographic payment areas nationwide for hospitals under Part A and 89 pay areas for physicians under Part B. The Part B adjustments consist of 55 metropolitan areas and 34 statewide areas (Ohio is a statewide area). Statewide areas pay the same rates to physicians practicing in urban and rural settings. Medicare also adjusts payments according to which labor market a hospital or practitioner operates in and competes for workers. Because hospitals and health professionals in a given area tend to function within the same local market, there is no reason for the program to use one set of 441 markets to determine hospital payments and a different set of 89 markets for practitioner adjustments, the report says. Instead, the program should employ the metropolitan statistical areas (MSAs) developed by the Office of Management and Budget for both. MSAs reflect information on where people live and work and decisions made by

employers and employees that define labor markets' boundaries, the report notes.

Salaries and benefits make up one of the largest costs of providing care. The Medicare program should use health sector data from the Bureau of Labor Statistics (BLS) to develop its indexes for calculating wage adjustments for hospitals and private practice health professionals, the report says. The IOM also included information noting that Medicare should take into account median wage data for all types of workers in private practice settings and hospitals to calculate payments. Currently, regional wage differences are based on data for registered nurses, licensed practical nurses, health technicians, and administrative staff only, which does not reflect the full work force in many practices or hospitals the report adds.

The report is the first of three to be issued by the committee. A supplemental report that discusses physician payment issues further will be issued this summer. A final report to be released in 2012 will present the committee's evaluation of the effects of the adjustment factors on health care quality, population health, and the distribution of the health care work force.

The AMCNO has advocated for geographic adjustment reforms for many years. The recommendations in the IOM report validate the AMCNO concerns since the report recommends separating urban and rural areas. The AMCNO strongly believes that Medicare's geographic payment adjustment formula does not accurately reflect practice costs in Northern Ohio. The AMCNO has advocated for a payment option that is based on geographic areas as defined by the Office of Management and Budget, and uses Metropolitan Statistical Areas (MSAs) and Metropolitan Divisions (MDs) to form

localities in each state. In this option counties not included in MSAs are combined into non-MSA rest of the state areas. The AMCNO believes that this option is viable due to the fact that it is based upon the localities used to pay other Medicare providers, such as hospitals, skilled nursing facilities and ambulatory surgery centers, which allow for a more focused recognition of geographic cost differences. If implemented, this option would create additional localities in Ohio and would benefit the physicians in our area of the state as well as other metropolitan areas in Ohio. The IOM report is a step in the right direction and the AMCNO will continue to monitor this issue. ■

AMCNO Speaker's Bureau Talks About the Aging Eye with Seniors

The AMCNO Speakers Bureau is a favorite resource of the Encore Program for seniors at Cuyahoga Community College and Academy member **Victor Bello, MD**, assisted in April with an engagement at Tri-C's eastern campus. The auditorium was filled with seniors who were eager to hear Dr. Bello's talk about "The Aging Eye."

Dr. Bello's presentation on the aging eye began with an overview on the structure of the eye and the different problems that can develop over time and with age. He provided the audience with information on various conditions associated with the eye and provided detailed background on the procedures and technology used to assist in diagnosis and treatment. The AMCNO thanks Dr. Bello for participating in our Speaker's Bureau. AMCNO Members interested in participating in our Speaker's Bureau may contact the AMCNO offices at (216) 520-1000.



Dr. Victor Bello, AMCNO Past President, discusses the aging eye with a group of seniors at Tri-C.

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July 11th – Aug 22nd 6 – 9 pm (MW)	Medical Terminology (#53855) \$325	\$253	CEU 3.9	Westshore
July 12th – Aug 11th 9 am – 12 pm (TR)	PAS Fundamentals (#53906) \$499	\$474	CEU 3	UTC
July 13th 8:30 am – 12:30 pm	Surgical Coding (#54113) \$149	\$129	CEU 4	CCE
July 18th – Aug 17th 9 am – 12 pm (MW)	Medical Front Office Fundamentals (#53898) \$499	\$474	CEU 3	UTC
July 19th – Aug 4th 1 – 4 pm (TR)	Essential Skills for Healthcare (#53893) \$270	\$256	CEU 1.8	UTC
July 25th – Aug 17th 9 am – 12 pm (T-Th)	Medical Billing Reimbursement II (#53907) \$350	\$332	CEU 2.4	UTC
July 26th – Oct 25th 6 – 9 pm (T-Th)	AAPC Professional Medical Coding Curriculum (#53859) \$1750	\$1651	CEU 8.1	CCE
July 26th – Aug 18th 9 am – 12 pm (TR)	Transcription Fundamentals for the Medical Front Office (#53863) \$349	\$325	CEU 2.4	UTC
July 27th – Sept 14th 6 – 9 pm (W)	Medical Billing Reimbursement II (#53892) \$350	\$332	CEU tbd	CCE
Aug 9th – Aug 24th 6 – 9 pm (TR)	Essential Skills for Healthcare (#53894) \$270	\$256	CEU 1.8	UTC
Aug 9th – Sept 8th 6 – 9 pm (TR)	Medical Front Office Fundamentals (#53899) \$499	\$474	CEU 3	UTC
Aug 10th – Oct 12th 6 – 9 pm (W)	PAS Fundamentals (#53891) \$499	\$474	CEU 3	UTC
Sept 14th 8 – 11:30 am	Compliance 101 for Coders \$155	\$135	CEU 3	CCE
Sept 14th 12:30 – 5 pm	ICD-10 Overview (87879) \$120	\$105	CEU 4.5	CCE
Sept 27th – Nov 8th 6 – 9 pm (Tues)	Hospital/Facility Billing & Reimbursement \$249	\$229	CEU tbd	CCE

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ANNUAL MEETING 2011

The Academy of Medicine of Cleveland & Northern Ohio held its Annual Meeting Dinner and Awards Presentation on Friday, May 6, at the Ritz-Carlton in downtown Cleveland. One of the meeting highlights was the awarding of six medical student scholarships by the Academy of Medicine Education Foundation to local medical students.

The 2011 list of honorees was led by **C. Martin Harris, MD, MBA**, who received the John H. Budd, MD, Distinguished Membership Award for his outstanding accomplishments in the field of medicine and for his support and guidance on issues related to regional, state and federal health information technology initiatives. **Michael L. Nochomovitz, MD**, was honored with the Charles L. Hudson, MD, Distinguished Service Award in recognition of his long and dedicated service to the medical community, for developing an innovative model of physician practice management and in grateful appreciation for his support of group membership in the Academy of Medicine of Cleveland & Northern Ohio. The 2011 Clinician of the Year designation went to **Marvin D. Shie III, MD**, recognizing his longstanding commitment to his profession, for his compassionate care and devotion to the health and well-being of his patients.

Mary Jo Hudson, Esq., was presented a Special Recognition Award for her commitment to the citizens of the State of Ohio and for her advocacy efforts impacting the health care community. **Timothy F. Hagan**, received the Honorary Membership Award in recognition of his commendable contributions to the community through his work on health and human service issues and in recognition of his leadership in vital improvements in health care. **Amy S. Leopard, Esq.**, received the AMCNO Presidential Citation Award for her longstanding commitment to medical legal initiatives of importance to physicians.

The Academy of Medicine Education Foundation (AMEF) presented six local medical students with scholarships worth \$5,000 each at this year's AMCNO Annual



Dr. Laura David delivers her year in review presentation at the AMCNO annual meeting.



The 2011 50 year awardees that attended the reception gather for a photo prior to the start of the meeting – (left to right) John Nemunaitis, MD, John Makley, MD, Robert Daroff, MD, Harvey Rosenbaum, MD, Richard Christie, MD, Richard Wamsley, MD, and Albert Musca, MD.



The 2011 annual meeting honorees shared a moment during the reception. (left to right) Dr. Marvin Shie, III, Timothy Hagan, Dr. C. Martin Harris, Ms. Amy Leopard, Esq., Ms. Mary Jo Hudson, Esq., and Dr. Michael Nochomovitz.



The AMCNO past presidents in attendance for the evening posed for the camera prior to the festivities. (left to right) Dr. James Taylor, Dr. Ronald Savrin, Dr. Raymond Scheetz, Jr., Dr. Donald Junglas, Dr. George Kikano, Dr. Anthony Bacevice, Jr., Dr. John Bastulli and Dr. Victor Bello.

Meeting. The scholarships were awarded to **George Assad**, Ohio University College of Osteopathic Medicine, **Stephanie Cizek**, Case Western Reserve University School of Medicine, **Nida Degeys**, Northeastern Ohio Universities College of Medicine, **Hanhan Li**, Cleveland Clinic Lerner College of Medicine, **Russell Stitzlein**, Cleveland Clinic Lerner College of Medicine and **Leandria Thomas**, Case Western Reserve University School of Medicine.

This was the sixth year scholarship monies were presented to recipients as part of the program at the AMCNO's Annual Meeting and Awards dinner, with students and their respective families in attendance.

And as always, physician members celebrating the 50th anniversary of their medical school graduation were honored during the program as well.



The AMEF scholarship recipients gather at the podium with Dr. John Bastulli, AMEF president, after receiving their \$5,000 scholarship award. (left to right) Stephanie Cizek, George Assad, Dr. John Bastulli, Hanhan Li, Nida Degeys, Leandria Thomas, and Russell Stitzlein.

Following the awards ceremonies, outgoing president Laura J. David, MD, passed the AMCNO gavel for the 2011-2012 year to Lawrence T. Kent, MD. ■

AMCNO ANNUAL MEETING



The Academy of Medicine of Cleveland & Northern Ohio THE VOICE OF NE OHIO PHYSICIANS FOR MORE THAN 187 YEARS AMCNO Working on Behalf of Our Members and their Patients

LEGISLATIVE ACTIVITIES

- Continued to advocate strongly for a permanent change to the Sustainable Growth Rate (SGR) formula used to calculate Medicare physician fees;
- Reviewed and took positions on over 100 healthcare related bills under review at the State legislature making our position known to the legislative sponsors and committee chairman – inclusive of written testimony – enhancing the AMCNO presence at the Statehouse;
- Continued our legislative forum concept – an opportunity for physicians at area hospitals to meet and greet legislators from their district and participate in legislative and health care reform events across the region.
- Met with the new County Executive to begin a dialogue on how the AMCNO could assist his office on healthcare related issues;
- Developed Meet and Greet opportunities for physician members during the Ohio Supreme Court election campaign;
- Recruited physicians to provide key information on the importance of the Ohio Supreme Court races at area polling sites on Election Day;
- Initiated discussions with the Chief Justice of the Ohio Supreme Court on establishing a special courts/dockets pilot program to review medical liability cases in Northern Ohio;
- Spearheaded the introduction of SB 121 – legislation that would address the issue of physician ranking by insurance companies;
- Created and disseminated a Voting Guide for our members – inclusive of information on Common Pleas judges running in Northern Ohio Counties;
- Coordinated and participated in interested party meetings on the physician ranking legislation and on legislation related to scope of practice issues;
- Worked with statewide medical associations on legislative initiatives coordinating testimony and strategy on legislation of importance to physicians;
- Participated in the Ohio Prescription Drug Abuse Task Force to issue recommendations in an effort to stop Ohio's prescription drug abuse epidemic and strongly supported the passage of legislation to address the issue of prescription drugs and pain management clinics;
- Met with lobbyists from the major institutions in Northern Ohio in an effort to dialogue on issues of importance to the physicians in our community;
- Sent physician leadership and staff to Washington DC to meet with Congressional leaders and staff as part of the National Medical Legal Partnership Capitol Hill Day initiative to offer AMCNO support on the importance of legislation to fund additional medical legal partnerships.

PRACTICE MANAGEMENT

- Provided timely information to our members on managed care issues and the yearly update on the fees to be charged for transfer of medical records;
- Provided our members with timely information about the impending transition to ICD-10;
- Provided detailed information to our members about signing up for the Ohio Board of Pharmacy automated reporting system OARRS on the state board web site in order to evaluate patient prescription drug use history;
- Facilitated a meeting with the new Medical Director for the Center for Medicare and Medicaid Services in Region V to discuss key issues of importance to AMCNO members – in particular to voice our concern over the Medicare SGR and physician payment issues;
- Hosted UnitedHealthcare "Town Hall" meetings at the AMCNO offices for practice managers and AMCNO members;
- Conducted informational seminars to address the J15 Medicare Administrative Contractor (MAC) transition from PalmettoGBA to CIGNA Government Services; and also provided timely articles and data regarding the transition;
- Supported a plan to launch a multi-payer portal project in Ohio to assess how best to offer physicians access to multiple insurers through the same channel of information exchange (i.e. web portals);
- Continued our active participation as a member of the UnitedHealthCare Physician Advisory Board voicing our concerns on various issues impacting physicians and their practice and became a participant on the UHC administrative advisory council for practice managers;
- Disseminated timely and topical news to practice managers through our publication Practice Management Matters;
- Provided our members with services designed to resolve insurance company disputes with third party payers in Northern Ohio;
- Provided a third party payor seminar for practice managers and physicians – an event created by the AMCNO now entering its twenty-ninth year;
- Provided members with updates on the Red Flag Rules.

COMMUNITY/PUBLIC HEALTH EFFORTS

- Participated on the board of the Cuyahoga Health Access Partnership (CHAP) a countywide health access partnership created to provide a coordinated system of access to care across all providers for the region's low income uninsured residents;
- Participated in a Meta-Leadership Summit to begin to focus on cross-sector collaboration and management of information and resources during an emergency;
- Continued as an active participant in discussions to strengthen the Medical Reserve Corps in our community;
- Provided representation to the Center for Health Affairs and Ohio KePRO board of directors;
- Conducted our eleventh annual successful Vote and Vaccinate event on Election Day offering flu and pneumonia vaccines through our community partnerships in underserved areas;
- Hosted the 26th annual Mini-Internship program that allows community members to shadow AMCNO physicians in their practice setting – this is the longest continuous program of its kind in the country;
- Continued as an active participant in the Aligning Force for Quality Initiative in Northern Ohio (Better Health Greater Cleveland), a multi-stakeholder alliance committed to improving the quality of care for people with common chronic conditions;
- Participated in advocacy efforts with the Investing in Tobacco Free Youth Coalition to engage legislators in increasing other tobacco product taxes to decrease their use and enhance anti-smoking efforts;
- Continued to provide volunteers and support for the MedWorks event in order to provide healthcare to the uninsured and underinsured population in our area;
- Continued as an active participant and as a member of the Governance committee of the Case Regional Extension Center (REC);
- Pushed information out to our members regarding the Medicare payment cut issue for dissemination to their patients;
- Participated in statewide meetings to address health information technology and primary care medical home initiatives.

PUBLIC RELATIONS

- Conducted meetings with the new Ohio state agency administrators including the medical director of the Ohio Department of Health, the Director of Medicaid, and representatives from the Ohio Department of Insurance in order to provide key information about the AMCNO and physician concerns in Northern Ohio;
- Conducted myriad exclusive interviews on the *Healthlines* radio program with physician members of the AMCNO;
- Developed a Community Outreach and Services brochure for dissemination to patients through AMCNO member offices;
- Presented to the Health Action Council on the topic of health care reform policies;
- Appeared on WKYC "In Focus" segment to provide insight on how local doctors and patients are taking a new look at how health care is delivered in our region;
- Provided detailed spotlight articles about area legislators in the *Northern Ohio Physician* magazine;
- Entered the 50th year of operation for the AMCNO Pollen Line – currently run and maintained by longstanding AMCNO members;
- Published numerous scientific and medical articles written by AMCNO members in the *Northern Ohio Physician*;
- Provided timely updates to our members on the topics of health care reform, meaningful use, electronic health records, and accountable care organizations;
- Provided physician presenters through our Speakers Bureau to present on medically related topics to community organizations and schools;
- Conducted a presentation at the Case law school on the topic of health care reform.

FOUNDATION OUTREACH AND YOUNG PHYSICIAN ENGAGEMENT

- The Academy of Medicine Education Foundation (AMEF) awarded six \$5,000 scholarships to local third and fourth year medical school students;
- Presented a "Welcome to the Profession" address to the graduating class of Case Medical School and Cleveland Clinic Lerner College of Medicine;
- Financially supported the 9th Annual Consortium for Healthy & Immunized Communities Symposium providing immunization education;
- Participated in resident orientations across the region and met with new medical students to garner their support for AMCNO membership;
- Partnered with the William E. Lower Fund to present a seminar on Preparing for the Business Aspects of Medicine – a program designed for resident members and their spouses;
- Provided a presentation to residents at an area hospital regarding legislative advocacy and the need to get involved with organized medicine and the AMCNO.

PHYSICIAN EDUCATION OPPORTUNITIES

- Provided detailed information to our members on how to select an electronic health system and computer security issues;
- Partnered with the Case REC and the Ohio Health Information Partnership to conduct regional physician education programs on electronic health records and OHIP and REC services;
- Partnered with Tri-C to offer discounted practice management classes to physicians and practice managers;
- Partnered with the Cleveland Metropolitan Bar Association and the Academy of Medicine Education Foundation to develop an innovative seminar concept for both physicians and attorneys to address medical malpractice issues;
- Partnered with the Case REC and Better Health Greater Cleveland to co-sponsor an educational session on meaningful use and electronic health records;

BOARD INITIATIVES/ADVOCACY

- Developed a detailed response to the Ohio Health Information Partnership Privacy and Security rules which would apply to the statewide health information exchange resulting in changes to the policy based upon our comments;
- Agreed to fund and file an amicus brief on behalf of our members in the White v. Lembach matter – a case that could impact informed consent issues and tort reform laws in the state of Ohio;
- Agreed to provide physician champions and participate in Case REC physician education and outreach activities;
- Formed a new liaison with the Cleveland Metropolitan Bar Association to work on issues of importance to physicians from a medical/legal perspective;
- Agreed to support the national Partnership for Patients initiative;
- Agreed to endorse the National Children's Study conducted by Case in Lorain and Cuyahoga counties and further approved the use of the AMCNO name on printed media sent out by Case to promote the project;
- Agreed to partner with the Legal Aid Society and act as a convener of a stakeholder meeting to garner support for medical legal partnerships in our region;
- Agreed to become an active participant in the Tri-C Health Information Technology Grant Advisory Committee;
- Voted to support HR 5 – the HEALTH Act – federal legislation that would cap damage awards on a national level;
- Met with the Executive Director of the Ohio State Medical Board to voice AMCNO concerns with regard to the state board's intention to launch a Maintenance of Licensure concept in Ohio which could lead to additional reporting burdens for physicians;
- Agreed to become an active participant in the Northeast Ohio Quality Collaborative and appointed a physician representative to their Quality Council;
- Met with the Northern Ohio medical director of UnitedHealthcare to discuss the launch of UHC's NowClinic concept to address some specific concerns;
- Agreed to send a letter to the U.S. Secretary of the Treasury protesting a change in federal tax policy to allow a special tax deduction for trial attorneys who entered into gross fee contingency contracts with clients;
- Agreed to work with the Case REC and the Ohio Health Information Partnership to provide trained AMCNO staff to input physician data into the Office of the National Coordinator database for the purposes of tracking physicians participating in the REC;
- Filed an amicus brief in the Jacques vs. Manton case and won a victory when the Ohio Supreme Court ruled to protect several aspects of the tort reform law in Ohio;
- Nominated physician leaders to represent the AMCNO on committees formed as a part of the Ohio Health Information Partnership;
- Strongly supported statewide efforts to increase the tax on other tobacco products such as smokeless tobacco and small cigars as a member of the Investing in Tobacco Free Youth Coalition;
- Adopted the AMA Health Insurer Code of Conduct Principles and agreed to list the AMCNO as a supporter of these principles on the AMA website;
- Agreed to send physician leadership to participate as part of the Health Policy Institute Of Ohio's forum on health care reform implementation;
- Agreed to respond to the Centers for Medicare and Medicaid Services (CMS) proposed physician fee schedule rule noting the need for changes to the SGR payment methodology for physician payments and the need to recognize Northern Ohio as a separate location for geographic payment indices under Medicare.

Benefits of Membership in the AMCNO

Renowned Physician Referral Service
Representation at the Statehouse through McDonald Hopkins, Co. LPA
Specialty Listing in *Member Directory & Community Resource Guide*
Practice Promotion via *Healthlines* radio program
Reimbursement Ombudsman
Informative Seminars
Speaker's Bureau opportunities
Insurance/Financial Services
Weekly, quarterly and bimonthly publications offering healthcare news and practice guidance
Member Discounts including Worker's Comp, Practice Management Classes at Tri-C and so much more!

Is YOUR Voice Being Heard?

Already an AMCNO member? Now is the time to renew your commitment to organized medicine that makes a real difference in your practice and our region. Please look for a 2012 dues billing in your mail soon!

Not yet a Member? Now more than ever is the time to join the only regional medical association tirelessly working in the best interest of you — the NE Ohio physician. Call our membership department at (216) 520.1000 ext. 101 for details on all the benefits and services available exclusively to our members.



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With Giant Eagle Pharmacy's new Specialty Care Services, patients are involved as active partners in the care process. We believe this approach helps to optimize adherence to your prescribed treatment plans.

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