



DENVER MEDICAL BULLETIN

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Disaster Preparedness Training and Resources For Physicians

The Denver Medical Society continues to work with CMS and the Colorado Department of Public Health and the Environment to prepare physicians to participate in responding to any type of emergency or disaster scenario that may impact their community. DMS is sponsoring two seminars on practice/business preparedness to help you and your staffs address a variety of scenarios that could threaten patients' access to you, your ability to keep your practice open and running smoothly, and even the safety and security of your equipment and records. Expert professionals from the Association of Contingency Planners will assist physicians and their practice managers to begin the process of developing plans and procedures that will help their practices to function when faced with the unexpected. The seminars are lunch meetings and will be held Thursday, April 3, at Presbyterian/St. Luke's Medical Center and Wednesday, May 7, at Rose Medical Center. RSVP to DMS by calling (303) 377-1850 or by emailing dms@denvermedsociety.org. (See announcement on page 2 for details.)

Physicians, like all of us, will also want to ensure that their families are prepared to successfully navigate any potential emergency or disaster situation. To that end, DMS will be joining with the Colorado Medical Society Alliance and the Metropolitan Denver Medical Societies Alliance on Friday, April 18, to present a program entitled *Keeping the Home Front Safe* for physicians and their spouses at the Pinehurst Country Club at noon. For details, contact the DMS at 303-377-1850 or check the meeting calendar on the DMS website.

Online Opportunities for Education

There are a variety of other resources and opportunities for physicians to utilize in staying abreast of current knowledge as well as better preparing themselves to participate in disaster response in their community. Among those of interest are the resources offered by the Johns Hopkins Center for Public Health Preparedness online training modules that offer a variety of topics including Infectious Disease and Vaccines, Mental Health Preparedness, and General Public Health Preparedness modules. The site, which can be accessed at www.jhcph.edu/preparedness/training/online/index.html requires registration but programs are available free of charge. Most offer CME credit.

Another online resource that is currently available is an archived presentation of a program entitled *Community Preparedness* sponsored by the CDC Clinician Outreach and Communication Activity program. This presentation, originally broadcasted on February 25, can be accessed at www.emergency.cdc.gov/coca/callinfo.asp. Listeners can complete an online evaluation by February 26, 2009, to receive CME credits. This presentation is intended to enhance clinicians' knowledge of emerging or re-emerging threats, their effects on human populations and medical evaluation and management of these threats. Participants will also review the US National Response Plan, resources available from the CDC and other federal agencies, and additional resources and information for community preparedness.

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The Future for Medicare Fees? Page 4



DON'T LET A DISASTER CATCH YOU UNPREPARED!



Disasters may be created by natural, biologic, technical or terror based causes. Now is the time to begin to identify how you and your staff will be prepared to address a variety of scenarios that may threaten your patients' access to you, your ability to keep your office open, and even the safety and security of your equipment and records.

The Denver Medical Society has invited representatives from the Association of Contingency Planners to assist physicians and their practice managers begin to identify how to function when faced with the unexpected. You and/or your practice manager are invited to attend either of these important and informative meetings. For your convenience we have selected two locations to make attending as simple as possible. In addition: **COPIC will award 1 ERS point for their insured physicians who attend!**

WHEN: THURSDAY WEDNESDAY
APRIL 3, 2008 OR May 7, 2008
12:00 – 1:30 PM 12:00 – 1:30 PM
(A catered lunch will be provided at both meetings.)

WHERE: P/SL Medical Center Rose Medical Center
Colorado North Room Goodstein 1 & 2
1719 E. 19th Avenue 4500 E. 9th Avenue
Denver, CO 80218 Denver, CO 80220

WHO: John Hsin, President of bluedot.IT and Julie Hock-Noble, CBCP, Noble Continuity Planners, will be presenting for the Association of Contingency Planners (ACP), Colorado Rocky Mountain Chapter. ACP is the recognized premier international networking and information exchange organization in the business continuity industry.

RSVP to the Denver Medical Society by calling 303-377-1850
or emailing us at dms@denvermedsociety.org.



Disaster Preparedness Resources

(Continued from page 1)

Additional archived presentations on other relevant topics can also be accessed at this site.

By visiting www.webdialogues.net/cs/panflu-engage-home/view/di/104?x-t=home physicians can review plans for vaccination prioritization for pandemic influenza along with comments from an online dialogue seeking public input on the draft document which was co-hosted by the National Association of County and City Health Officials and the CDC in December 2007. At the same site, you can view a video entitled *Guidance on Prioritization of Pandemic Influenza Vaccines: Who Should Get Vaccinations First?* presented by Dr. Ben Schwartz from the National Vaccine Program with the Department of Health and Human Services.

The Incident Command System (ICS) is the nationally recognized system used to manage both emergency and non-emergency events. Its intent is to provide a standardized orientation for the management of an "incident" to ensure that all organizations and individuals responding to an event can communicate effectively. For individuals interested in volunteering in response to an event, ICS training is recommended and, in many situations, required. The first level of training, the ICS-100 course, is intended to familiarize participants with the overall concept, terminology, and structure of ICS. For a very brief self study module, visit <http://66.193.37.86/incidentcommand.html>. A lengthier, but easy to understand module created by OSHA is available at www.osha.gov/sltc/etools/ics/indepth.html, or the complete 1½ hour course can be taken at www.training.fema.gov/emiweb/is/is100.asp.

Participants in Colorado Planning Efforts

For physicians wanting to participate in local planning activities, the Colorado Department of Public Health and the Environment (CDPHE) is hosting seminars across the state to begin coordination of medical surge planning in Colorado. Some of the topics that will be addressed in these seminars include the Colorado

Public Health Medical Volunteer System (CPHMVS), CDPHE's draft "Guidance for Triage and Altering Standards of Care During an Influenza Pandemic", the Colorado Strategic National Stockpile, and vaccine tracking and adverse event reporting during a pandemic. The 1½ day program will be offered in Denver on May 15 and 16 at the CDPHE. There is no charge for this program but registration is required. You can register by going to www.co.train.org. Select Course Search and click on By Course ID in the sidebar and enter 10/2/22. Click on the course title to see course details and registration. Or contact Diana Hurrero at 303-692-2677 for additional information.

Through the Denver Health Rocky Mountain Center for Medical Response to Terrorism, a free Clinical Care Course will be offered from 8:00 a.m. to 2:30 p.m. at the Rita Bass Center on several dates throughout the remainder of 2008. The course provides a basic understanding of, and familiarity with, threats from a biological, nuclear, incendiary, chemical, or explosive threat including the acute health effects, appropriate individual protective measures, triage and mass casualty considerations, as well as decontamination and emergency medical treatment procedures. The course will be offered on April 30, June 24, July 31, and August 30, 2008. For more information or to register, go to www.denverhealth.org/cart/eventlist.aspx?DepartmentID=3.

Joint Commission Weighs In

The Joint Commission is also focusing on disaster preparedness for the health care community and is proposing revisions to emergency management requirements as part of the Standards Improvement Initiative. The requirements, currently located in the Environment of Care Chapter, relate to Ambulatory Care, Critical Access Hospital, Home Care, Hospital and Office-Based Surgery programs. They are seeking feedback on the proposed revisions through April 22, 2008. To review the revised chapter and provide feedback, go to <http://www.jointcommission.org/Standards/SII/> where you can select the appropriate program, read the revisions and supporting materials, and provide feedback via mail, email, or online survey.

Denver Medical Bulletin: Nora E. Morgenstern, MD, DMS President and Publisher / Johnny E. Johnson, Jr., MD, Chair of the Board / Randall M. Clark, MD, President Elect / Michael B. Keller, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.

What Will It Take to Fix Medicare Fee Schedule?

As the six month reprieve enacted by Congress for the period January 1 through June 30, 2008, passes its half life, the threat of physician pay cuts under the Medicare fee schedule looms once again. A recent article by Paul B. Ginsburg, PhD, President of the Center for Studying Health System Change, on the blog created by the journal *Health Affairs* calls upon Congress to develop a long term strategy to enact major Medicare reform. As most physicians know, the Sustainable Growth Rate (SGR) formula used to set Medicare physician payment rates has called for reductions each year since 2002. Although Congress has overridden the formula in each subsequent year, implementing payment freezes or small increases, the cumulative payment rate reduction under the SGR now stands at 41% through 2016. This reduction would begin with a 10% decrease on July 1, 2008, when the current legislative fix expires and continue with approximately 5% annual reductions in each subsequent year.

SGR a Discredited Process

As Congress is currently considering proposals to prevent the July 1 rate reduction, Dr. Ginsburg characterizes the SGR as a completely discredited system maintained only because Congress has not been willing to tackle the unrealistic budget baseline that assumes large cuts in reimbursement rates over a number of years and which would require Congress to offset a correction in the formula through tax increases, an increased budget deficit, or large reductions in other spending categories. He points out that MedPAC has urged Congress to scrap the SGR and replace it with a payment formula based on trends in the input prices to medical care and productivity. Echoing physicians' concerns, Dr. Ginsburg notes that the ultimate outcome of a continued reliance on the SGR will be to limit beneficiaries' access to physicians and that declining income for primary care physicians has already resulted in shrinking numbers of primary care residents and a migration away from primary care specialties at a time when an aging population should be leading to an increase in numbers to help manage chronic conditions.

Congressional Vision and Fortitude Needed

Noting that a correction to the payment formula will most likely result in Congress having to accept higher deficits, Dr. Ginsburg calls upon them to adopt a strong long term vision for reform which might help them to accept the fiscal heat that will be created in the short term when transitioning away from the SGR. His outline for such a vision includes the following steps:

- A more accurate relative value scale that reduces physician incentives to expand offerings of overly profitable facility services.
- A broader payment system that compensates physicians for care management and coordination services for patients with chronic diseases that are not reimbursed today.
- Developing payment rewards and penalties and patient incentives reflecting physician efficiency and quality in delivering episodes of care.
- Sharply increasing investments in effectiveness research along with a structure that insulates choice of research topics and dissemination of results from political interference.

He also suggests that the governance of the Medicare program might need to be altered in order to protect it from extensive micro-management by members of Congress responding to the special interests of various stakeholders. He suggests that Congress might be willing to cede some of its power over the Medicare program in exchange for what may be the only realistic path toward ensuring long term sustainability.

As a short term approach to SGR reform, Dr. Ginsburg favorably notes some of the recommendations from MedPAC including creating separate SGRs for different categories of services, such as primary care, major procedures, minor procedures and imaging, as a means to address some of the fee schedules' shortcomings with regard to the relative values of different medical services. In conclusion, Dr. Ginsburg notes that the continued failure to resolve the SGR problem will eventually sufficiently erode beneficiaries' access to care to the point that they will place enough pressure on members of Congress to ensure that reforms are made.

New Bill Creates Breathing Room

The Save Medicare Act of 2008 (S2785) has just been introduced in Congress by Senator Debbie Stabenow, a Democrat from Michigan. It would prevent pending cuts by extending the 0.5% update through December 31, 2008, and provide a 1.8% update for 2009 while extending existing provisions benefiting rural providers. By providing a temporary reprieve from payment cuts it would give Congress an 18 month window to address long-term solutions as suggested by Dr. Ginsburg, the AMA, and many others.

Denver physicians are urged to contact Senators Ken Salazar (303-455-7600) and Wayne Allard (303-220-7414) and ask them to sign on as co-sponsors of S2785! Let them know how bad these cuts could be for Colorado patients and physicians.

Don't Forget to Use Tamper Resistant Prescription Pads!

As you are probably aware, as of April 1, 2008, the federal government is requiring the use of tamper resistant prescription pads in the Medicaid program. Many of you may wish to apply this protection when prescribing for all your patients. The Colorado Department of Health Care Policy and Finance (HCPF) is maintaining a list of approved vendors offering tamper resistant prescription pads. For more information, go to <http://www.chcpf.state.co.us/> and click on "Pharmacy" on the

left hand side. Then click on "Tamper Resistant Prescription Pads" then "Vendor Information" and finally "Vendor List" which is updated periodically. Although the federal requirements are for one of the criteria to be incorporated in the pads as of April 1st, we believe these vendors are offering pads which will meet the Oct 1st final requirements of three tamper resistant elements. Free tamper resistant prescription pads are available through Medi-Scripts at medi-scripts-services.com.

DMS Introduces the *Physicians Practice Toolbox*

The *Physicians Practice Toolbox* is a convenient, affordable way to improve the overall health of your medical practice. Providing professional expertise to address challenges in Revenue Cycle Management, Human Resources, and overall Practice Management, it offers a set of tools that can easily take you from identifying problem areas to establishing the right procedures to ensure an efficient and more satisfying practice environment. Use these tools at your pace, and on your schedule, to address practice problems or to ensure that your practice is utilizing best practices to maximize performance.

- Our **Practice Assessments** can be taken quickly and help you decide if your practice needs a Mini Audit or Webinar (online seminar) training in specific areas.
- The **Mini Audits** give you a snapshot of the health of your medical practice at a much discounted investment as a Medical Society member benefit. Your Mini Audit report gives you an easy to understand and easy to use Plan of Action.
- The **Webinars** are 15-20 minute training sessions available on your schedule. Each webinar includes tools (forms, checklists, etc.) that you can print and apply in your medical practice right away. Certification for passing the webinar tests are provided by the Medical Society.
- The **Resource Directory** provides a listing of businesses that have been proven and that have positive medical practice references.
- Use the tools privately, with your physician partners and/or with your practice manager.
- Available on your schedule, 24/7, from your home and/or office computer.
- Use one specific tool or use all the tools provided at your pace.
- Local and national experts are involved with all the *PPT* products.

Get further information by calling (303) 779-7760
or by clicking the *Physicians Practice Toolbox* link at www.denvermedsociety.org.

Pri-Med Updates Denver 2008

Denver, CO—April 18, 2008

Venue: Sheraton Denver Hotel

Primary Audience: Primary Care

Credits: 8.75 AMA Category 1, AAFP, 8.75 AANP

Cost: -0-

Session Topics: The Moving LDL Target: Getting Your Patients to Goal!
 (partial list) Risk Ratios for Treatment of Type 2 Diabetes
 Words That Matter: Patient Communication for the Busy Clinician
 A Practical Guide to Combination Therapy for Hypertension Management
 Managing Tryglicerides

For a complete list of topics, more details, and an opportunity to register, go to the DMS website—
www.denvermedsociety.org. Click on Meeting Calendar, then Pri-Med Updates on April 18.

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DMS Young Members Invited to Dinner Meeting



Avoiding Risk in a Hi Tech World

Edward D. Bronfin, attorney, Kennedy, Childs & Fogg, P.C.

Edward Bronfin is a highly regarded trial attorney whose primary specialization is in the defense of medical malpractice and professional liability cases. He will be addressing the liability issues arising from the rapid increase in the use of electronic communication, diagnostic and office equipment.

Strings Restaurant

1700 Humboldt Street, Denver, CO

Wednesday, May 21, 2008

6:00 P.M.	Wine, Beer and hors d'oeuvres	RSVP for yourself and a guest by May 14, 2008.
7:00 P.M.	Dinner	Call 303-377-1850 or
7:30 P.M.	Program and Q & A	email dms@denvermedsociety.org

DMS acknowledges the generous sponsorship of this program by



Mark Your Calendars

DENVER MEDICAL SOCIETY
CLINICAL TOPICS DINNER

When: Tuesday, June 17, 2008	Where: Elway's Restaurant Cherry Creek
6:00 p.m. registration and cocktails	Program: Diabetes Update
6:45 p.m. dinner and presentation	

Look for registration information soon.

This program is being sponsored by MERCK. In accordance with the PhRMA Code on Interactions with Healthcare Professionals, attendance at this educational program is limited to healthcare professionals. Accordingly, attendance by guests or spouses is not appropriate.



**CARRIE'S SURGERY DIDN'T GO AS EXPECTED.
THANKS TO COPIC'S "3Rs" EARLY RESOLUTION
PROGRAM, NEITHER DID WHAT HAPPENED NEXT.**

Carrie had surgery but was hospitalized again six weeks later for complications. In the midst of a job search and without health insurance, she incurred more than \$17,000 in additional out-of-pocket medical expenses. It was money she and her husband had been saving to adopt a child. "I thought I would have to take legal action," she said. "I expected a long and costly fight." But Carrie never expected what happened next.

That's because Carrie's COPIC-insured physician took part in an innovative early resolution program. Known as the "3Rs Program" (for Recognize, Respond, and Resolve), it provides quick and fair assistance to patients who experience unanticipated outcomes.

Within weeks of learning about the program from her physician, Carrie was reimbursed for her medical bills. "It was phenomenal. I was treated with compassion and

my privacy was protected. Best of all, we'll still be able to realize our dream of adoption." And Carrie still goes to the same physician. "That's a testament to the program's effectiveness," she says.

In fact, the 3Rs Program was highlighted in the June 28, 2007 issue of the New England Journal of Medicine as the "best-known private-sector disclosure program" and part of a national transformation in how health care providers communicate with patients about unanticipated outcomes.

The 3Rs Program is just one way COPIC delivers on its promise to help preserve physician-patient relationships. To find out more about COPIC and request a premium indication, contact Ms. Pat Zimmer, Director of Sales, at (800) 421-1834, ext. 6186 or (720) 858-6186, or email sales@copic.com



Promises kept.

Endorsed by Colorado Medical Society and Nebraska Medical Association

Our thanks to Carrie for giving COPIC permission to use her photograph and her story.