



DENVER MEDICAL BULLETIN

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Health Reform on Fast Track in Nation's Capital

A group of Colorado physician leaders and medical society staff traveled to Washington, D.C. to participate in the AMA National Advocacy Conference on March 9-11. DMS Executive Director Kathy Lindquist-Kleissler was part of the group that attended the AMA sessions and panel discussions as well as visiting Capitol Hill for meetings with members of Colorado's Congressional delegation.

In response to the new administration's emphasis on health care reform, the mood was guarded optimism that real movement toward a more rational and just health care system may be at hand. AMA President Nancy Nielsen, MD, and other AMA officials expressed satisfaction with the level of communication and access they have had to the administration both during the transition period and the first weeks of the Obama administration. Both high level and staff contacts are occurring with a frequency and openness that was characterized as quite different from the normal Washington tone.

On March 5, Dr. Nielsen represented the AMA at the White House Forum on Health Reform where President Obama emphasized his commitment to enacting health care reform this year and stated that the "status quo is not an option". The President also promised an

open process which would offer stakeholders the opportunity to bring forth new ideas. The Forum was described as the first of a series of meetings that will be held to engage all sectors in the reform process. Plans are currently underway to organize a meeting between the administration and the medical community, including specialty societies. One reason for optimism that real reform may be forthcoming has been the willingness of organizations across the spectrum of the health care system to commit to playing a constructive role in seek-



Front row: Patti Brown, Linda Culberson, and Mary Rice, CMS Connection; Sen. Michael Bennet; Kathy Lindquist-Kleissler, DMS; Katie Lozano, MD, Arapahoe/Douglas/Elbert Medical Society. Back row: Eileen Lepisto; Mark Laitos, MD, CMS; Stephen Sherick, MD; Dolores Bennett and Carl Lepisto, MD, Mesa County Medical Society; Karen Darricau, MD, Aurora/Adams County Medical Society.

ing solutions to what is nearly universally recognized as an unsustainable system. In addition to support from the medical community, other key stakeholder groups, including the health insurance industry and the business community, have expressed the belief that the time for significant changes in the US health care system can no longer be delayed.

Meeting participants were both encouraged

and somewhat skeptical of the aggressive time frame outlined by the administration and members of Congress for a health care reform package. Democratic congressional leaders are promising that health care bills will be passed by both houses prior to the Au-

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gust recess and that a joint bill will be crafted in the early fall with the intent of having a bill on the President's desk by November. As President Obama has stated before, the administration does not intend to present specific legislation for congressional approval but rather will facilitate consensus development through stakeholder participation and provide a broad outline of the goals to be achieved through a reformed health care system. Few details of what proposed legislation will look like were provided, but several concepts supported by the President and others in the administration were discussed. These include the potential of a parallel

public program which would offer an alternative coverage option but would not require individuals or employers to move away from commercial insurance coverage if they did not choose to. Several speakers discussed the need to move to a new

reimbursement system for physicians and emphasized the administration's intent to replace

the current SGR methodology with a permanent fix to avoid the scheduled physician reimbursement cuts required under that methodology. It was clear that the intent is to replace the SGR with a reimbursement methodology that can incentivize increased quality and efficiency in the delivery of health care services. The specifics of what such a system might look like were not available, but reference was made to reimbursement based on episodes of care or other methods of bundling services rather than continuing to reimburse on a fee-

for-service basis. Discussion also emphasized the need to re-design the health care delivery system to improve opportunities for comprehensive, coordinated care. The medical home model of primary care delivery was mentioned frequently and there was recognition that the crumbling primary care infrastructure must be reversed if cost and quality are to be seriously addressed. The administration has committed to increase funding for physician training in primary care specialties as well as incentives for primary care physicians.

Little was said about the financing of health care reform beyond the over \$600 billion reserve fund for

reform the President has already outlined in his proposed budget. However, his proposal to fund a large portion of that reserve through higher taxes on charitable donations by high income earners was characterized as highly unpopular in Congress among both Republicans and some Democrats. Representative Henry Waxman, a Democrat from California, and

Representative Roy Blunt, a Republican from Missouri, both addressed the meeting and, perhaps predictably, had different perspectives on the health reform process. Representative Waxman reiterated the commitment to pass significant health care reform over the next several months and the need once and for all to provide health care access to all Americans. Representative Blunt said Republicans support a meaningful dialogue on health care reform but also expressed skepticism about several of the proposals put forth by the administration.



Front row: Dolores Bennett, Mesa County Medical Society; Eileen Lepisto; Mark Laitos, MD, CMS; Rep. Mike Coffman; Mary Rice; Kay Lozano, MD, Arapahoe/Douglas/Elbert Medical Society. Back Row: Stephen Sherick, MD; Kathy Lindquist-Kleissler, DMS; Carl Lepisto, MD, Mesa County Medical Society; Donna Foss, Aurora-Adams County Medical Society.

Denver Medical Bulletin: Randall M. Clark, MD, DMS President and Publisher / Nora E. Morgenstern, MD, Chair of the Board / Michael B. Keller, MD, President Elect / Naomi M. Fieman, 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.

He particularly expressed concerns that efforts to involve the government in comparative effectiveness research must be done in a way that did not compel benefit decisions based on cost and not create a government bureaucracy to make judgments on appropriate patient care.

Participants from Colorado spent the final afternoon meeting with members of the Colorado Congressional delegation and their staff. Meetings were held with Senators Udall and Bennett, and Representatives Coffman, DeGette, Markey, Perlmutter and Salazar. The message conveyed to them was that the Colorado medical community is ready and willing to help them meet the challenges of the health care reform debate and have in fact laid significant groundwork already through the work of the Physicians Congress on Health Reform and other ongoing efforts to engage physicians in learning about, understanding, and crafting recommendations for improved health care delivery and financing strategies. We also shared with them the real world experiences of Colorado physicians and patients that illustrate the deficiencies in our current non-system. Representative DeGette asked that Denver physicians meet with her during the spring Congressional recess to discuss health care reform in more depth and that meeting is now being scheduled.

It was evident that the next several months will offer



Katie Lozano, MD; Rep. Diana DeGette; Stephen Sherick, MD; Kathy Lindquist-Kleissler

significant activity and opportunity on the health care reform front. There is no shortage of difficult issues and clashing view points, but there seems reason to hope that physicians will have significant opportunity to express their views and to participate in crafting a system that will more adequately meet the needs of their patients and their profession. The Denver Medical Society and the Colorado Medical Society will join with the AMA and other groups to ensure that your voices are heard and to keep you up to date on what are likely to be rapidly evolving proposals and discussions.

A RADICAL RETOOLING OF PATIENT SAFETY SYSTEMS

May 1-3, 2009, CMS Spring Conference at Sonnenalp Resort of Vail

Join your colleagues as they help CMS reposition the medical liability debate around patient safety.

CME available. Conference goals include:

- Foster a permanent "culture" of patient safety and medical error reduction as a high priority among Colorado physicians;
- Reposition the tort issue as an issue of patient safety and a subcomponent of health care reform;
- Maximize medicine's chances of successfully strengthening physician culture and enacting reforms in the Legislature that will make Colorado an injury prevention state;
- Utilize the expertise of meeting attendees in changing physician culture, clarifying and developing draft CMS policies on BME sunset, peer review, and alternate systems for compensating the medically injured.

Contact CMS to register: (720) 859-1001 or www.cms.org

Rocky Mountain Health Plans designates this educational activity for a maximum of 11.50 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of Colorado Medical Society through the joint sponsorship of Rocky Mountain Health Plans and CMS. Rocky Mountain Health Plans is accredited by CMS to provide continuing medical education for physicians.

The Doctors Company Provides Tips For Physicians to Minimize Risk While Practicing Medicine by Phone or E-mail

As telemedicine continues to increase in popularity, it is critical for physicians to understand potential risks when communicating with patients by e-mail or phone. The Doctors Company, the largest national insurer of physician and surgeon medical liability with 44,000 member physicians, has developed guidelines to help physicians successfully navigate telemedicine liability risks.

“Adopting telemedicine best practices is vital to enhancing quality of care while simultaneously decreasing liability exposures,” said David B. Troxel, MD, medical director, The Doctors Company. “We strongly recommend that physicians educate themselves on the risks of telemedicine and implement safeguards that will help protect them from potential litigation.”

The Doctors Company is a member of the eRisk Working Group for Healthcare and helped to develop guidelines for health care providers on the use of online communications. For more information on the guidelines, physicians should visit www.medem.com/phy/phy_eriskguidelines.cfm.

Outlined below are some guidelines physicians should follow when treating patients by phone or e-mail:

Telephone Best Practices

- Inform patients in writing about when it is appropriate to seek telephone advice. Provide examples of the types of complaints, such as minor headaches, cuts, and bruises, that may be adequately dealt with over the phone. Also, give examples of problems that are likely to require an office or emergency room visit.
- Only physicians or qualified staff such as RNs, NPs, and PAs should provide telephone advice. Written protocols need to be prepared for office staff and should include what questions to ask, recommended responses for minor problems, and which calls to refer immediately to a doctor or schedule for an office appointment.
- Give callers ample time to explain their problems. Avoid leading questions. For example, instead of asking, “Do you have any chest pain?” ask, “Exactly where do you feel pain?”
- Ask the caller to repeat the instructions back to you.
- Be careful about prescribing by phone, especially for new complaints. If your diagnosis is

wrong, the medicine could be ineffective or even harmful.

- Document calls for advice in the medical chart, using the caller’s own words whenever possible. If one of your staff members handles and documents calls, review the notes to make sure the adviser followed guidelines and dispensed appropriate advice.

E-mail Best Practices

- Be careful what you write. Never put in an e-mail what you would not say in person.
- E-mails should be focused and concise. Always check your spelling and grammar and never use all caps.
- Incorporate your contact information in every message sent by using the automatic signature function in your e-mail software.
- Never use abbreviations. When communicating with patients, abbreviations can lead to dangerous misunderstandings.
- Include a disclaimer. Communicate your ground rules for e-mail exchanges up front. A standard disclaimer might read as follows: “Electronic mail is not secure, may not be read every day, and should not be used for urgent or sensitive issues.”
- Maintain patient confidentiality. Conduct online communications with patients over a secure network that contains encryption technology. Standard e-mail services don’t meet HIPAA requirements.
- Obtain informed consent. Be sure your patient signs an informed-consent form before initiating online communications. The consent form should list the appropriate use and limitation of online communications.
- Limit online communications to existing patients. Online communications of any kind are best suited for patients previously seen and evaluated in an office setting. Initiating a physician-patient relationship online may increase liability exposure.
- Pick up the phone. If you cross e-mails with another party two or three times, or if there is an emotionally charged issue involved in what you want to communicate, stop e-mailing and place a phone call instead.

The American Recovery and Reinvestment Act of 2009 was recently signed into law, and with it came provisions that will further enable the adoption of healthcare IT by physician practices. Those provisions represent a significant opportunity to advance technology in the ambulatory environment, but understanding what needs to be accomplished to maximize potential incentives is the key challenge at this juncture.

The Denver Medical Society and the Arapahoe Douglas Elbert Medical Society present two programs addressing

Electronic Health Records (EHR)

Speaker, Michelle L. Holmes, Manager
ECG Management Consultants, Health Information Technology
Seattle, Washington

Ms. Holmes holds masters degrees in business administration and health service administration, is a frequent speaker on healthcare IT topics, and is Vice President of the Washington Chapter of the Healthcare Information and Management Systems Society.

Tuesday, April 14, 2009

EHRs 101: Myths and Realities

- EHR overview
- Legislative updates and other incentives
- Reasons to go “electronic”
- Common reasons to not go electronic and how to overcome them
- The road ahead – introduction to EHR selection and implementation

Wednesday, May 13, 2009

EHRs 201: Selection and Implementation

- Steps to select an EHR
- State of the market
- Understanding integrated vs. best-of-breed systems
- Implementation approaches
 - Rollout strategy
 - Information conversions and interfaces
 - Scanning and discrete data entry
 - Impact on provider productivity

The times and location for both meetings are the same:

Wellshire Inn, Windsor Room
3333 S. Colorado Blvd., Denver

6:00 Cocktails and hors d’oeuvres
6:45 Buffet dinner and program

Please RSVP to dms@denvermedsociety.org or call 303-377-1850.

The DMS and ADEMS gratefully acknowledge the generous support for this program provided by

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Medical Office Space Available

SOUTHLANDS AREA. Space available for medical/dental professionals in Southlands area: Available summer 2009. Building ownership, next to schools. Biggest growth potential in the Denver area. Please direct all questions to Alisa at ammswo@hotmail.com or (720) 217-1944.

2009 Salary Survey

CMS and many of the local Medical Societies in Colorado, including DMS, have partnered with the Colorado Medical Group Management Association (CMGMA) and Krause Kirkpatrick Bertrand, PC, again this year to produce the 2009 Colorado Healthcare Staff Salary Survey. This survey is a continuation of the previous Salary Survey that has been conducted by the CMGMA over the past six years.

The objective of the survey is to provide Colorado physicians, administrators, and managers with a useful resource that is representative of their local area to set salary and benefit levels within their practices. Physician participation is key to the project's success. The goal is to accumulate data from all the geographical regions in Colorado and then report the data based on these regions.

Please participate using The Salary Survey tool online at www.cmgma.com on the right hand side under "What's New." Completed questionnaires are due by April 20, 2009, and the report will be available in July 2009 on CD.

There will be a **weekly drawing** again this year from all respondents received by April 20 for a \$100 Visa Gift Card. All participating DMS member practices will receive a FREE copy of the 2009 Colorado Healthcare Staff Salary Survey Report. This report is also available for purchase.

For questions about the survey, contact Jan Krause at jkrause@kbb-cpa.com or (303) 815-1100.

Mad, Bad, or Evil: How Physician Healers Turn to Torture and Murder

with

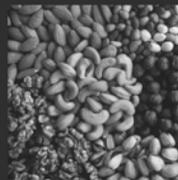
Michael A. Grodin, MD
Professor of Health Law and Bioethics and Human Rights, Boston University School of Public Health; Professor Socio-Medical Sciences and Community Medicine and Psychiatry, Boston University School of Medicine

April 21, 2009 — Noon to 2:30 pm

Center for Bioethics and Humanities
University of Colorado Denver

CME available

For more information call (303) 724-3994 or email Erin.Egan@ucdenver.edu.

**COMING SOON****The Rocky Mountain Food Allergy Conference**

May 2, 2009

UPCOMING 2009 CME & CE EVENTS*

Presented by The Office of Professional Education

Updated March 3, 2009

Live Events	Date and Time	Registration Fee	Speakers	CME	CE
Obesity: A Disease with Systemic Consequences <i>njhealth.org/obesityCME</i>	Saturday, April 4 7:30am–1:00 pm	\$50 Clinician Track – AM Session No Cost Patient Track – PM Session	David Beuther, MD Teofilo Lee-Chiong, Jr., MD	4.75	4.8
Fundamental Critical Care Support (FCCS) Course	Thursday–Friday April 16–17	\$450 Physicians \$325 Residents, Nurses, PAs, and allied health professionals	Michael Schwartz, MD	15.75	18.5
The Denver TB Course (The longest running TB course in the US)	Wednesday–Saturday April 22–25 October 21–24	\$780 General \$455 Fellow, Resident	Michael Iseman, MD Charles Daley, MD	22	25
The Rocky Mountain Food Allergy Conference	Saturday, May 2 8:00am–12:00pm	\$50	Dan Atkins, MD David Fleischer, MD Allan Bock, MD	3.75	TBD
"I Can't Breathe" – Dyspnea Symposium	Saturday, June 27 7:15am–12:30pm	\$50	Howard Weinberger, MD Kern Buckner, MD Brett Fenster, MD	4.25	4.8
14th Annual Regional Allied Health Conference: Current Perspectives in Asthma, Allergy and Pulmonary Practice	Friday, September 11	\$135	Allidah Hicks, MS, RN, AE-C Ann Mullen, RN, MSN, CNS, AE-C	—	7
Pediatric Allergy & Pulmonary Problems	Saturday, September 26	\$50	Kirstin Carel, MD Gary L. Larsen, MD David Fleischer, MD	TBD	TBD
2nd Annual Women's Health Conference	Saturday, October 3	\$50	Esther L. Langmack, MD	6	9
Online Courses	Website	Registration Fee	Participating Faculty	CME	CE
Insomnia: Recognition & Intervention <i>(Also certified for ACPE)</i>	www.insomnia-intervention.com	No Charge	Teofilo Lee-Chiong, Jr., MD Amy Robinson Ikelheimer, PhD Wilfred Pigeon, PhD	1.5	1.8
The National Asthma Educator's Certification Review Course <i>(Also certified for CRCE and ACPE)</i>	www.cmelogix.org	\$200	Allidah Hicks, MS, RN, AE-C Ann Mullen, RN, MSN, CNS, AE-C	5	5.5
Atopic Dermatitis – The Itch That Rashes: Soak and Seal Skin Care	www.cmelogix.org	\$40	Noreen Nicol, FNP, MS, RN	.75	1
Rethinking Difficult Asthma	www.rethinkingdifficultasthma.info	No Charge	Richard Martin, MD	1	1.2
Airway Clearance Devices – Why Use Them? <i>(Also certified for CRCE)</i>	www.cmelogix.org	\$40	Brad Harman, RRT Leslie Schamaun, RRT	—	TBD

Advance registration is required. For more information or to register visit www.njhealth.org/proed or call 800.844.2305

Courses held in the Molly Blank Conference Center, unless otherwise noted.

National Jewish Health | 1400 Jackson Street | Denver, CO 80206

*Subject to change

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STICK
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WILL YOU DISCOVER YOUR
BUSINESS
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AT COPIC FINANCIAL, WE UNDERSTAND WHAT CAN HAPPEN IN A BUSY PRACTICE BECAUSE no one has more expertise in assessing health care risks than our insurance specialists. We're not tied to any one insurance carrier, so we can objectively offer you the best and most effective coverage possible. You also can depend on us as a resource for helping you save time and money in your business.

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