



# **DENVER MEDICAL BULLETIN**

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## **What's Next for Physicians and Patients Following the U.S. Supreme Court Decision on the Affordable Care Act?**

*The AMA has offered this analysis of the ACA's implications for physicians and their patients.*

### **Implications of the Supreme Court Decision**

The Affordable Care Act (ACA) is an important first step, but there is much work to be done to ensure the best outcomes for patients and physicians in the nation. The American Medical Association (AMA) is committed to continue its work with Congress and the Administration on behalf of the nation's physicians.

The ACA includes many major provisions that are consistent with long-standing policy adopted by the AMA House of Delegates (HOD). Composed of physicians chosen by their colleagues from more than 185 state and medical specialty societies to represent them, the AMA-HOD represents the vast majority of physicians in the United States. These representatives of state and medical specialty societies are the voice of the nation's physicians in setting AMA policy.

The Supreme Court decision announced in June 2012, left nearly all of the provisions of the ACA intact. The one policy change triggered by the Supreme Court decision would allow states to opt out of the law's expansion of Medicaid to cover childless adults up to 133 percent of the federal poverty line. This provision is scheduled to be implemented in 2014. Those states electing to opt out of the Medicaid expansion will not lose federal funding for patients who were eligible for Medicaid coverage prior to enactment of the ACA. Stakeholders are waiting for guidance from the Department of Health and Human Services on whether alternative coverage options will be available to patients in

states that forego the Medicaid expansion, as well as whether any other Medicaid provisions in the ACA are affected by the Supreme Court's ruling.

### **AMA Advocacy Has Impacted Policy**

Prior to and following enactment, the AMA successfully advocated for several favorable changes to the ACA and related regulations, including:

- Repeal of the expanded Form 1099 information reporting requirement, which would have required most businesses, including physician practices, to file a Form 1099-MISC with the IRS for certain transactions of \$600 or more
- Elimination of a budget neutrality adjustment for primary care and rural surgery bonuses
- Elimination of a proposed tax on elective cosmetic surgery and medical procedures
- Removal of a Medicare/Medicaid enrollment fee for physicians
- Elimination of a five percent Medicare payment cut for outlier physicians
- Postponement of payment penalties related to Medicare quality reporting
- Positive changes to regulations that will now provide advance funding for infrastructure investments to physician-led accountable care organizations
- Removal of barriers to physician-led health care delivery innovations by securing Medicare program integrity law waivers
- Physician representation was secured on health insurance exchanges

### Additional ACA Changes Advocated by the AMA

While the ACA represents a tremendous step forward toward meaningful health system reform, it is only a beginning. Despite its potential for promoting a strong, better-performing health care system, it is not a perfect law. Some provisions of the ACA that the AMA believes need to be addressed include:

- Elimination of the controversial 15-member Independent Payment Advisory Board, or IPAB, which is tasked with reducing Medicare spending growth. The AMA opposes the IPAB because it puts health care payment and policy decisions in the hands of an unelected, independent body that has little accountability, leaves elected members of Congress with little input or control over important policy decisions affecting Medicare patients, and could subject physicians to double jeopardy Medicare payment cuts resulting from both the sustainable growth rate (SGR) and IPAB recommendations.
- Significant revision or elimination of the cost/quality value index scheduled for implementation in 2015
- Restoration of full physician hospital ownership rights
- Elimination or clarification of provider antidiscrimina-

tion provisions pertaining to health plans

- Clarification that high-deductible health plans coupled with health savings accounts can be offered in the health insurance exchanges

### Major provisions of the ACA that are consistent with AMA policy

- Increasing health insurance coverage for about 30 million more Americans
- Making health insurance more affordable for families and small businesses through the creation of state health insurance exchanges and the provision of sliding-scale premium tax credits and cost-sharing subsidies
- Health insurance market reforms and stronger patient protections
- Preventing denials of care and coverage, including those for pre-existing conditions
- Administrative simplification to eliminate billions of dollars of unnecessary costs
- Medicare bonus payments for primary physicians and general surgeons
- Increasing Medicaid payments for primary care physicians
- Increasing geographic adjustments for Medicare physician payments
- Expanding and improving coverage of preventive services in public and private insurance programs
- Funding state demonstration grants to study alternative medical liability reforms
- Providing more flexibility for Medicare Graduate Medical Education funding
- Requiring individuals to have minimum insurance coverage with penalties applied to free-riders
- Improving Medicare prescription drug coverage by reducing the coverage gap and closing the "doughnut hole"
- Funding for comparative effectiveness research to enhance patient and physician decision making

- Elimination of prescription requirements for over-the-counter medications purchased with tax-preferred health spending accounts

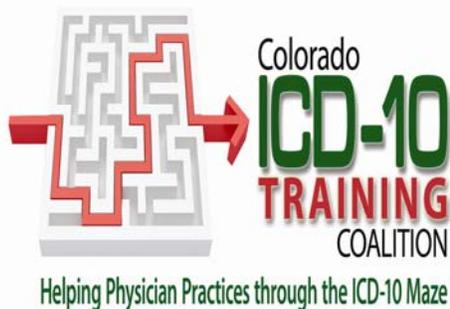
### Priority Issues for Further Change

There are key policy gaps that the ACA did not address, but are nonetheless critical to improving our health care system. Some of the key problems pre-dating enactment of the ACA that must be resolved and for which the AMA is aggressively advocating include:

- Replacement of Medicare's SGR formula, which annually calls for impossibly steep cuts in physician payments, with new payment systems that reward physicians for the value of care they provide
- Passage of the Medicare Patient Empowerment Act to remove existing barriers to private payment agreements between patients and physicians
- Enactment of meaningful medical liability reforms to improve care and reduce health care costs

(Continued on page 3)

**Denver Medical Bulletin:** Lucy W. Loomis, MD, DMS President and Publisher / Naomi M. Fieman, MD, Chair of the Board / Curtis L. Hagedorn, MD, President Elect / Aris M. Sophocles, Jr., MD, JD, 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](http://www.denvermedsociety.org). Email: [info@denvermedsociety.org](mailto:info@denvermedsociety.org). Postmaster: Send address changes to 1850 Williams Street.



## No word yet, but. . .

We are still waiting for the “final” word from HHS on the ICD-10 implementation date, but as we have said before, now is not the time to procrastinate. **Now is the time to prepare, and catch up!**

## It's not too soon to start the conversation with your vendors.

Your software vendor plays a critical role in your ability to transition to ICD-10. You need to identify and assess the readiness of your vendors, clearinghouses, and other business associates, whose involvement is essential to your successful implementation of ICD-10.

Consider the following points from [www.CMS.gov](http://www.CMS.gov) when talking with your vendor:

- Will systems upgrades/replacements be needed to accommodate ICD-10 software, hardware?
- What are the costs involved and will upgrades be covered by existing contracts?
- When will upgrades or new systems be available for testing and implementation?
- What customer support and training will they provide?
  - How will their products and services accommodate both ICD-9 and ICD-10 as you work with claims for services provided both before and after the transition deadline for code sets?
  - Will a mapping or crosswalk strategy be used between ICD-9 and ICD-10 code sets?
  - Will their software ease the transition to ICD-10?
  - How far ahead of the implementation date can you implement and test?
  - Will they assist in troubleshooting and resolving post-implementation issues and problems promptly?

*The Colorado ICD-10 Training Coalition is a volunteer group of interested educators, consultants, organizations representing physician practices, and state and component medical societies, whose mission is to help physicians and their staff prepare for ICD-10. Contact us at [enews\\_editor@cms.org](mailto:enews_editor@cms.org).*

(Continued from page 2)

### Continuing Commitment to Improving the Nation's Health Care System

While there is much uncertainty in today's environment, there are some things we do know. Physicians want to practice in an environment that is good for them and their patients. That's why the AMA is focused on:

- Identifying, shaping and promoting payment and delivery models that enable high-quality care and value while enhancing physician satisfaction and practice sustainability
- Strategically reshaping physician education to address the evolution in how care is organized, delivered and financed, along with mounting pressures of workforce capacity

- Improving health outcomes across the nation to increase the value and satisfaction of health care

These are lofty goals, but ones worthy of continued commitment and engagement. Physicians are the best qualified to craft and lead efforts in these vital areas as they engage directly with patients and lead health care teams.

The Supreme Court decision on the ACA represents an important step, but we are far from the completion of the journey. The AMA's focus in the months and years ahead will be to pursue policies which assure that physicians in all communities and practice settings—including small independent practices—have the tools, information and resources they need to make successful practice choices as the transformation continues.

## TDC Announces the Tribute Plan Fifth Anniversary

The Doctors Company, the exclusively endorsed medical liability carrier of the Denver Medical Society, is celebrating the fifth anniversary of the Tribute® Plan, a career award plan benefiting more than 1300 Colorado doctors. One of the advantages of coverage with TDC is the Tribute Plan, a significant financial benefit that rewards doctors for their loyalty to TDC and for their dedication to outstanding patient care.

"The Tribute Plan is recognition of a career spent practicing good medicine," said Richard E. Anderson,

MD, FACP, chairman and CEO of The Doctors Company. "In the last five years, more than 1,300 Tribute awards have been distributed, and over 22,700 members of TDC have qualified for awards when they retire from the practice of medicine. These members have an average Tribute balance of \$11,500; the highest distribution to date is \$88,708."

To learn more, and to hear what members of TDC are saying about the Tribute Plan, visit [www.thedoctors.com/tribute](http://www.thedoctors.com/tribute).

### YOU'RE INVITED TO ATTEND A SEMINAR

## The Electronic Health Information Age: Challenges and Risks

Wednesday, September 19, 2012, 6:00-8:00 PM

Strings Restaurant, 1700 Humboldt St., Denver

#### Purpose:

When used improperly, electronic health records (DHRs) and other new information and communication technologies bring liability challenges and risks to your practice. Using a case-based approach, this informative and timely seminar for physicians of all specialties will address risk factors associated with electronic medicine from charting and privacy breaches to the use of social media.

#### Objectives:

- Identify four risks unique to electronic documentation
- Recognize two discoverability issues related to electronic data
- Describe three methods to improve electronic charting habits
- Discuss risk management strategies for reducing liability associated with electronic media

#### Presenters:

Laura Dixon, BS, JD, RN, CPHRM, Director, The Doctors Company

Richard Cahill, JD, The Doctors Company

#### Five Percent Premium Discount Available if:

- You are a member of The Doctors Company
- You are an active or associate Denver Medical Society member, and
- You attend a patient safety/risk management seminar sponsored by TDC within one year of becoming a member of TDC and once every three years thereafter

**Info at:** Patient Safety Department, (800) 421-2368, x1243

\*The Doctors Company is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Doctors Company designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

#### EARN 1.5 CME CREDITS

This free event is open to all DMS members, and all attendees are eligible for 1.5 CME credits\*.

The Doctors Company is committed to advancing, protecting, and rewarding the practice of good medicine.

Register online at  
[www.thedoctors.com/seminars](http://www.thedoctors.com/seminars)

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## COME ON UP! COME UP FOR AN HOUR, COME UP FOR A DAY!

The 141<sup>st</sup> Annual Meeting of the Colorado Medical Society takes place September 7-9, at the Keystone Resort and Conference Center. The Annual Meeting is an opportunity for physicians to come together and gain understanding on critical issues facing the profession.

Topics to be addressed include:

Value-based payment systems presented by top health plan representatives	2:30 PM, Friday
Supreme Court's ruling and impending changes	8:50 AM, Saturday
The Medicaid Ruling: The Carrot or the Stick	9:30 AM, Saturday
Leveraging Data into Intelligence	11:15 AM, Saturday

Mingle with colleagues, build relationships, and find solutions to some of your most pressing problems. To register or to obtain more information, visit [www.cms.org/about-cms/2012-annual-conference/](http://www.cms.org/about-cms/2012-annual-conference/).

**“As physicians, we have so many unknowns coming our way...**

**One thing I am certain about is my malpractice protection.”**

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to uncertainty and lack of control.

What we do control as physicians: *our choice of a liability partner.*

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### Interested in Global Bioinnovation and Entrepreneurship?

Join us for the next in a series of monthly breakfast meetings put on by the Society of Physician Entrepreneurs. SoPE's mission is to help healthcare professionals get their ideas, discoveries and inventions to market by providing them with education and connections to people and capital.

## Society of Physician Entrepreneurs

### *“Stories from the Trenches from 3 Physician Entrepreneurs” By Jim Ehrlich, Wayne Guerra & Arlen Meyers*



Thursday, September 6, 2012  
7-8 AM Networking and Breakfast  
8-8:45 AM Presentation  
8:45–9:00 AM Q & A

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NEW LOCATION - The COPIC Auditorium at Lowry  
7351 East Lowry Boulevard, Denver, CO  
RSVP to [info@denvermedsociety.org](mailto:info@denvermedsociety.org)

*To attend the meeting, you must be a sponsor or a SoPE free/premium member, please sign up today at [www.sopenet.org](http://www.sopenet.org)*

#### SPONSORS



## CONSIDER IT A HOLISTIC APPROACH TO MANAGING YOUR PRACTICE'S FINANCES.

When it comes to your patients, you don't just treat symptoms. You look at their overall health and lifestyle. And make a diagnosis based on the big picture. That's how we approach your finances. Both your personal and your practice's. Making for a healthy, wealthy and wise financial outlook.



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## Learning and Action Networks for Physician Offices

The Colorado Foundation for Medical Care (CFMC) is convening Learning and Action Networks for clinical and administrative staff from physician offices across Colorado. The groups are designed to address two critical areas in these practice settings:

1. Getting the most from your electronic health record (EHR)
2. Maximizing EHR data to improve preventative care and cardiovascular patient health

### Collaboration

Participants who may be involved in multiple improvement efforts should know that CFMC's strategy is to

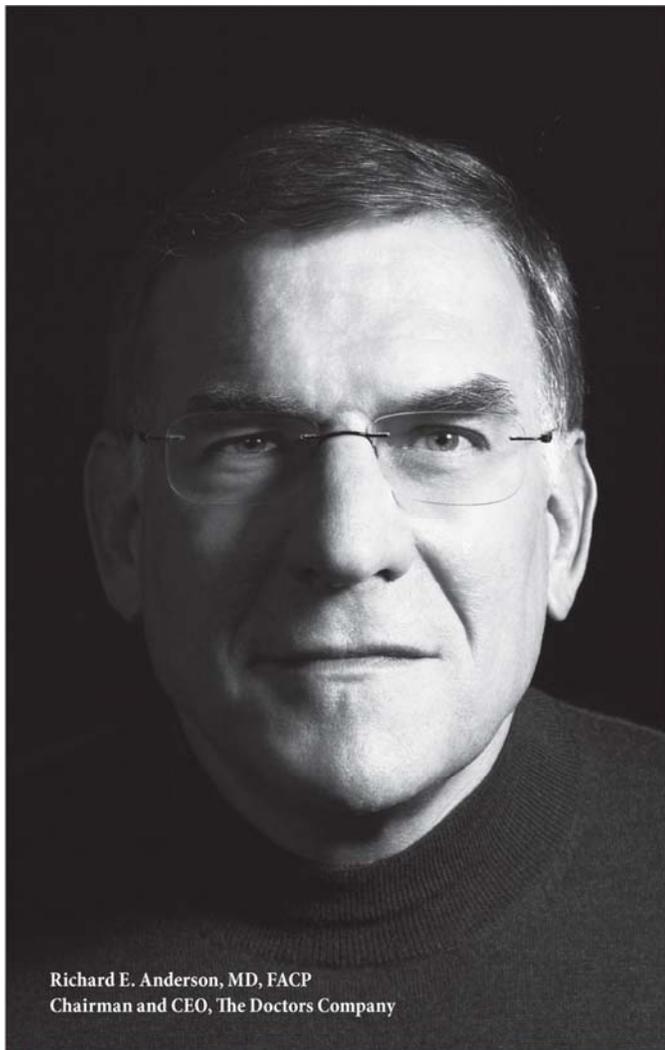
partner first with other organizations with similar goals, build on existing initiatives, and find synergies across multiple priorities. For example, patient data on cardiac health measures can be used for submission to Medicare's PQRS incentive program, as well as for other Learning Networks goals. CFMC is the Medicare Quality Improvement Organization (QIO) for Colorado, contracted by the Centers for Medicare & Medicaid Services, so your participation in one of these programs will also contribute to national health quality goals.

Currently, CFMC is forming groups for the following two areas. To register for one of the groups described below visit [cfmc.org](http://cfmc.org).

<b>Getting the Most From Your EHR</b>
<b>Who Should Participate</b>
EHR super users or anyone from your practice who is tasked with understanding and overseeing EHR use.
<b>Benefits of Participation</b>
<ul style="list-style-type: none"> <li>▪ Learn tips and tricks about your EHR from system vendors and other expert users.</li> <li>▪ Understand the registry, care management and quality reporting functions of your EHR.</li> <li>▪ Meet meaningful use goals through integration of quality improvement concepts and methods and process improvement goals defined by EHR data.</li> <li>▪ Generate data for benchmarking and to identify and address disparities in care.</li> <li>▪ Use EHR data to support other government programs, such as PQRS.</li> </ul>
<b>Participant Expectations</b>
<ul style="list-style-type: none"> <li>▪ Must commit to attend three events per year, including at least one face-to-face meeting.</li> <li>▪ Must commit to expend care management processes.</li> <li>▪ Must promote patient engagement and activation.</li> </ul>
<b>EHR Vendors</b>
<p>Groups are forming now for the following vendors:</p> <ul style="list-style-type: none"> <li>▪ Aprima</li> <li>▪ eMDs</li> <li>▪ Amazing Charts</li> </ul> <p>Other EHR vendor groups are being added regularly, so sign up today and let us know which vendor you use.</p>

<b>Maximizing EHR Data to Improve Cardiovascular Patient Health</b>
<b>Who Should Participate</b>
Individuals responsible for managing quality improvement activities, including clinical or administrative staff.
<b>Benefits of Participation</b>
<ul style="list-style-type: none"> <li>▪ Learn to collect population health data to use for quality improvement focused on better patient outcomes.</li> <li>▪ Benchmark and improve performance compared to your own practice baseline, as well as other practices locally and nationally.</li> <li>▪ Improve processes related to data entry, data quality, and use of data for clinical quality improvement.</li> <li>▪ Support national healthcare quality improvement initiatives, including the Million Hearts campaign and the ABCS of cardiac health.</li> </ul>
<b>Participant Expectations</b>
<ul style="list-style-type: none"> <li>▪ Must commit to expand care management processes.</li> <li>▪ Must share (de-identified) data to assist in benchmarking.</li> <li>▪ Provide quarterly reports of numerators and denominators for 4 measures related to the following:             <ol style="list-style-type: none"> <li>1. Blood pressure in patients with coronary artery disease or peripheral vascular disease</li> <li>2. Ischemic vascular disease in patients whose most recent LDL-C screening result was &lt;100</li> <li>3. Aspirin use or related in patients with ischemic vascular disease</li> <li>4. Smokers who receive smoking cessation counseling</li> </ol> </li> </ul>

**For further information or to register contact Terrey Currie at 303-784-5732 or [tcurrie@cfmc.org](mailto:tcurrie@cfmc.org).**



Richard E. Anderson, MD, FACP  
Chairman and CEO, The Doctors Company

We do what no other medical liability insurer does. We reward loyalty at a level that is entirely unmatched. We honor years spent practicing good medicine with the Tribute® Plan. We salute a great career with an unrivaled monetary award. We give a standing ovation. We are your biggest fans. We are The Doctors Company.



We created the Tribute Plan to provide doctors with more than just a little gratitude for a career spent practicing good medicine. Now, the Tribute Plan has reached its five-year anniversary, and over 22,700 member physicians have qualified for a monetary award when they retire from the practice of medicine. More than 1,300 Tribute awards have already been distributed. So if you want an insurer that's just as committed to honoring your career as it is to relentlessly defending your reputation, request more information today. The Doctors Company is exclusively endorsed by the Denver Medical Society. To learn more about our benefits for DMS members, call Mark L. Schor of The Doctors Agency of Colorado at (800) 366-9919, or visit [www.doctorsagencycolorado.com](http://www.doctorsagencycolorado.com).



Tribute Plan projections are not a forecast of future events or a guarantee of future balance amounts. For additional details, see [www.thedoctors.com/tribute](http://www.thedoctors.com/tribute).