

Physicians Caring for our Community

Bulletin

Editor: Mary C. Blue, M.D.

Volume 38 Issue 7

September 2014

2014 Meetings & Events

General Membership Meeting September 18, 2014 6:30 p.m.- Social 7:00 p.m. - Dinner/Meeting Lexington Country Club 16257 Willowcrest Way Ft. Myers, FL 33908

MEDICAL MARIJUANA LEGISLATION DISCUSSION Speakers: Jessica Spencer, EdD, CPP, CAP, SAC Jeff Cohen, Esq, President, CEO, Florida's Healthcare Law Firm

SAVE THE DATE November Membership Meeting Physician Recovery Network (PRN) Discussion Speaker: Penelope P. Ziegler MD, Medical Director

> \$25 per attendee RSVP Required

RSVP to: Lee County Medical Society 13770 Plantation Road, Ste 1 Fort Myers, FL 33912 Tel: 936-1645 • Fax: 936-0533 Email: Valerie@lcmsfl.org

Inserts:

Medicaid Managed Assistance Info Flyer for Patients Wells Fargo ICD-10 Info LCMS Group Health Plan Open Enrollment Coverage of and Payment for Telemedicine LCMS September Meeting

Inside This Issue:

Membership News	2
New Applicants	2
President's Message	3
Physician Economy Boost	
Patient Safety Issues	5
Marijuana Battle	6
Medicare's Payment Rule	
Advertising Certifications	
Residency Program Reception	
FMA Annual Meeting	
Telemedicine Polity	
Healthcare Fee Reductions	
Medicaid Expansion	
Sunshine Act Database	
CMS Witholding Records	
0	

Cover Photo by: Edwin Guttery, M.D. Mourning Dove on the bird bath in a front yard on Shadow Lane

Volume 38 Issue 7

LEE COUNTY MEDICAL SOCIETY BULLETIN

13770 Plantation Road, Ste 1 Fort Myers, Florida 33912 Phone: (239) 936-1645 Fax: (239) 936-0533 E-Mail: awilke@lcmsfl.org www.leecountymedicalsociety.org

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

CO-EDITORS

Mary C. Blue, M.D. John W. Snead, M.D.

PRESIDENT Peggy Mouracade, M.D.

PRESIDENT ELECT Andrew Oakes-Lottridge, M.D.

SECRETARY Jon Burdzy, D.O.

TREASURER Shari Skinner, M.D.

PAST PRESIDENT Audrey Farahmand, M.D.

MEMBERS-AT-LARGE Joanna Carioba M D Daniel de la Torre, M.D. Valerie Dyke, M.D. Trevor Elmquist, D.O. Paul Makhlouf, M.D. F. Rick Palmom, M.D. Kultar Singh, M.D.

MANAGING EDITOR Ann Wilke, 936-1645

BULLETIN STAFF Valerie Yackulich

Marian McGarv

The editors welcome contributions from members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society Advertisements do not represent sponsorship or endorsement by the Lee County Medical Society nor necessarily implies the accuracy or reliability of any advertisement displayed in this publication. © 2013 LCMS.

PRINTERS The Print Shop

Lee County Medical Society Mission Statement & Disclosure Policy

The purpose of the LCMS is to unite the medical profession of Lee County, FL, into one compact organization: extend medical knowledge and advance medical science; elevate the standards of medical education; strive for the enactment, preservation and enforcement of just medical and public health laws; promote friendly relations among doctors of medicine and guard and foster their legitimate interests; enlighten and alert the public, and merit its respect and confidence.

All LCMS Board of Governors and Committee meeting minutes are available for all members to review.

Additional Location Rebecca Lambert, MD Kathryn Russell, MD Jonathan Sonne, MD The Woodruff Institute

Bulletin

RETIREMENT

NEXT EXIT

23471 Walden Center Drive. Ste 300 Bonita Springs, FL 34134 Tel: 239-498-3376 Fax: 239-498-3379

RETIRED

Edward Palank, MD Joseph Testa, MD



Dr. Saurin Shah's first name was spelled incorrectly in the 2014 Membership Directory. Our apologies, Correction below:

SAURIN J. SHAH MD

Radiology Advanced Radiology Imaging Associates 13731 Metropolis Avenue Fort Myers FL 33912 Tel: 239-333-2742 Fax: 239-333-4329 www.aria-images.com Ofc Mgr/Adm: Mike Curry

Membership News

Relocated Leah Lynch, MD LPG at Bass Road 16271 Bass Road Fort Myers, FL 33908 Tel: 239-343-7100 Fax: 239-343-7190

Jon Burdzy, DO Peter Lewis, MD Staci VanWinkle, MD Physicians Primary Care 7381 College Parkway, Ste 110 Fort Myers, FL 33907 Tel: 239-482-1010 Fax: 239-481-1481

Marshall D'Souza, MD Millennium Physician Group 126 Del Prado Blvd. Ste 104 Cape Coral, FL 33909 Tel: 239-573-1606

MOVED OUT OF AREA Amy Wecker, MD

DEATH NOTICE John R. Pletincks II, M.D.

NEW APPLICANTS

Travis H. Edelstein, DO – Dr. Edelstein received his DO degree from Nova Southeastern University, Fort Lauderdale, FL in 2008. He completed an internship at Palmetto General Hospital, Hialeah, FL from 2008-2009, a residency at the University of Florida College of Medicine-Jacksonville, Jacksonville, FL from 2009-2013 and an Interventional Radiology fellowship at Medical University of South Carolina, Charleston, SC from 2013-2014. He was board certified in Diagnostic Radiology in 2013. Dr. Edelstein is in group practice with Radiology Regional Center, 3680 Broadway, Fort Myers, FL 33901 Tel: 239-936-2316.



James J. Teet, DO – Dr. Teet received his DO degree from Philadelphia College of Osteopathic Medicine, Philadelphia, PA in 2011. He completed an internship at UPMC Mercy Hospital, Pittsburgh, PA from 2011-2012 and residency at Long Beach Medical Center, Long Beach, NY and South Nassau Community Hospital, Oceanside, NY from 2012-2014. He was board certified in Family Medicine by the American Osteopathic Board of Family Medicine. Dr. Teet is in group practice with Internal Medicine Associates of Lee County, 1528 Del Prado Blvd S, Cape Coral, FL 33990 Tel: 239-458-3338.

Robert K. Oldham, MD - Dr. Oldham received his MD degree from the University of Missouri,

Columbia, MO in 1968. He completed his internship and residency at Vanderbilt University,

Nashville, TN from 1968-1970 and a Medical Oncology fellowship at National Cancer Institute,

Bethesda, MD from 1970-1972. Dr. Oldham is board certified by the American Board of Internal

Medicine in Internal Medicine and Medical Oncology. He is in practice at Florida Cancer Affiliates

(US Oncology), 11181 Health Park Blvd., Naples, FL 34110 Tel: 239-653-9118.



Daniel J. Harmon, DO – Dr. Harmon received his DO degree from Lake Erie College of Osteopathic Medicine, Erie, PA in 2008. He completed his internship at South Pointe Hospital, Cleveland Clinic, Warrensville, OH from 2008-2013 and residency at West Penn Allegheny General Hospital, Pittsburgh, PA from 2013-2014. Dr. Harmon is in group practice with Orthopedic Center of Florida, 12670 Creekside Lane, Ste 202, Fort Myers, FL 33919 Tel: 239-482-2663.







Bulletin

PRESIDENT'S MESSAGE:



by Peggy Mouracade, MD

LCMS GOES TO ORLANDO

"We should honor, promote and protect our profession." Alan Pillersdorf, M.D., FMA President

A dozen of our membership made the trek to the annual Florida Medical Association (FMA) meeting In July. We were one of the larger delegations which speaks highly of our numbers. This is the meeting where those issues identified by our statewide membership have been crafted into resolutions deemed worthy of legislative action are presented. The House of Delegates then vote upon the resolutions; those that are passed are then made the focus of the FMA Board of Governors to go forth and garner support at the State Legislature to convert them into bills which we hope will become law.

For a couple of days as a delegate you forget about your singleness or microcosm of practice and instead are immersed in the "politics of medicine". A greater appreciation is gained as to "why medicine has become difficult to practice." As a younger clinician, I often became angry and frustrated and wondered "who" was responsible for the many asinine, time consuming and nonsensical policies and procedures that I was forced to assimilate into my daily routine so as to take care of my patients and at the end of the day, pay my bills. Not that the anger and frustration has totally dissipated but replaced with more of a feeling of a lifelong hike up a mountain. I no longer take it as a personal affront but can appreciate that often it's a result of the process. It's more about strategy and tactics, less about me.

Like it or not, it's political. Decisions are made at the government level and a presence is required. If a seat at the table is not secured, then no voice or representation is had. Case in point, the House of Delegates unanimously supported a resolution that would favor Medicaid Expansion (with the caveat of Medicare pay rates). Many of the delegates stood and presented passionate arguments containing valid statistics on the positive impact of Medicaid expansion would have for their patients. Apparently, last year there also was support but the Board of Governors "had to back off" as they felt they were at jeopardy of severing "friendly relationships /close ties of medicine" and were concerned that support would be lacking for several other key issues. It goes back to the adage of "pick your battles".

Bottom line—it's all about time and money. Someone has to be the voice and there have to be funds to support the cause. During the general meeting, a delegate rose to address the House and spoke very eloquently about the need to give and encourage financial support. He then pledged \$30,000 if it could be matched by the end of the session. Impressively the challenge was met—between voting there was a steady stream of delegates reaching into their



Page 3

Peggy Mouracade, M.D., LCMS President Alan Pillersdorf, M.D., FMA President

pockets. Understanding that talents, time and efforts differ—all of us can contribute to some extent. I challenge each of our members to consider belonging to the PAC—"Political Action Committee"-it's \$250/year. These monies are directed to furthering our cause at the State Legislative level. If you are further inspired, you can up the ante and join the MD 1000 club. Consider taking the opportunities to meet our local representatives and candidates—let them know about your concerns and issues regarding our profession. Run for office if you are so inclined—be part of the process.



What can be appreciated are the time, dedication and efforts of many of our own in trying to protect and to promote the quality of medicine. The passion of each argument to support or to oppose resolutions when presented was tempered with respect and decency. It was brought home when the incoming President as part of his address to the House was overcome with emotion as he expressed his gratitude for the quality of medicine that he had received. Just weeks before the meeting he was diagnosed with encephalitis and wasn't sure if he was going to make it out of the hospital least alone stand before us. When taking the photo with him, he told me that it was not until his own mortality was threatened that he could truly appreciate the greatness and awesome responsibility of being a physician. In his words,

"We should honor, promote and protect our profession." Words to live by particularly when sifting through the many issues that are slated to be coming down the pike aimed at our profession.



AMA State Update - July 2014

As states begin winding down legislative sessions, now can be a good opportunity to review the AMA's Economic Impact Study, which details the impact of private practicing physicians on state and national economies.

The report shows that, in addition to supporting the health of their communities, physicians play a vital role in the economy by supporting jobs, purchasing goods, and generating state and local tax revenue. This data may be useful as states begin considering their legislative priorities for next year.

The report's findings show physician impact nationally and in each state based on four key economic indicators: jobs, output, wages and benefits, and state and local tax revenues. Analysis is available for all privately practicing physicians as well as across 10 select specialties, including anesthesiology, cardiology, family medicine, general surgery, internal medicine, obstetrics and gynecology, orthopedic surgery, otolaryngology, pediatrics, and urology.

The AMA also has created supporting advocacy tools for state and national medical specialty societies, including a handout, backgrounder, ad and press release template about the study. View the national report and summaries of state-level data.

Classified Ad

Class A Office Suites with Summerlin Road Exposure! These suites have been completed remodeled, brand new carpet, new modern ceiling lights, wood floors, granite counters, new bathroom fixtures and more. You must see these spaces if you are looking for office space! One suite is approx. 1560 SF with a lobby, reception area and 5 offices. The other space is approx. 975 SF with a lobby, open area for reception and 2 offices. Signage is available directly visible on Summerlin. Please call Casey at 239-275-8222 M-F 9:00 - 4:00pm for more info. Rent Negotiable





We know healthcare.

We help identify opportunities and implement business solutions to enable you to operate your practice more effectively.

Our passion is your business success.

- · Operational and Financial Issues
- · Succession & Expansion Planning
- · Fraud Risk Assessment
- · Accounting & Tax Services
- · Human Resources

8961 Conference Drive, Suite 1, Fort Myers, FL 33919 239.433.5554 | www.markham-norton.com



HAVE YOU FILED YOUR BP OIL CLAIM YET?

Can your medical or healthcare business afford not to?





1-855-SWFL-BIZ (1-855-793-5249)

www.FloridaLegalRights.com

2254 1st Street, Fort Myers, FL 33901 1716 Cape Coral Parkway East, Cape Coral, FL 33904



lcmsfl.org

RISING NUMBER OF INFECTIOUS DISEASE CASES CREATES PATIENT SAFETY ISSUES

By Debbie Hill, RN, MBA, LHRM, Patient Safety Risk Manager, The Doctors Company

Physicians are reporting communicable, or infectious, diseases that were thought to have been controlled in the United States. New cases of whooping cough (pertussis) and, most recently, measles (rubeola) are making headlines. During the first half of 2014, there were more than 288 reported cases of measles, the highest number for any one year since the disease was eliminated from the country in 2000. In addition, newly classified infectious diseases are emerging, like Middle East Respiratory Syndrome Coronavirus (MERS-CoV), a viral respiratory illness.

Modern travel has been found to impact how far and fast infectious diseases spread. Outbreaks often occur when a disease is brought into the United States and spread to people who have not been vaccinated.

Exposure to infectious diseases in a medical office or facility is a serious patient safety issue. To protect staff and patients, medical offices need to have established protocols that limit the exposure risk from individuals who come into the office with one of these debilitating, if not fatal, conditions. Medical malpractice liability risk may grow as reports of infectious diseases continue.

Unlike hospitals, most medical offices are not equipped with negative pressure isolation units that protect staff and other patients from infectious diseases. Your practice, however, can reduce liability risks and promote patient safety by:

- Documenting all discussions with patients and parents of minors regarding infectious diseases, including the risks and benefits of inoculation.
- Documenting all discussions about serologic evaluations with patients who are unsure of their immunity status.
- Ensuring that all immunization tracking is up to date so that patients remain on a timely immunization schedule.
- When possible, allowing only staff members who have demonstrated evidence of immunity to work with patients suspected of having a communicable or infectious disease.
- Complying with state laws for the provision of vaccines to healthcare workers. For more information, go to http://www2a.cdc.gov/nip/statevaccapp/statevaccapp/default.asp.
- Notifying those who may have come in contact with an infected individual that they should see a physician.
- Ensuring that all office staff members are trained in the use of personal protective equipment and on proper isolation techniques when working with patients who present with symptoms of an infectious disease.

Physicians should be prepared to evaluate patients for new and emerging infectious diseases. Staying current on the latest signs and symptoms, diagnostic testing, and case definitions, as well as infection control recommendations from the Centers for Disease Control and Prevention is essential.

Follow these tips if you or your staff suspects a patient has an infectious disease:

- Minimize risk of exposure by moving the patient from the waiting area and isolating him or her in an exam room.
- For airborne diseases, place a surgical mask on the patient and ensure that all office staff members wear protective equipment, including gloves, eye
 protection, masks, or an N-95 particulate respirator, if needed.
- Follow standard disinfection and sterilization procedures for exam rooms.
- Report suspected cases to the local health department and obtain specimens for disease testing.
- Consider making post-exposure prophylaxis available to those who have been exposed. Post-exposure vaccination can be effective in preventing
 infectious disease in some individuals; if the vaccine does not prevent contraction, it will likely lesson the severity of the disease.

The LCMS Membership would like to say thank you to our Friends in Medicine for their generous contributions for 2014 and invite them to continue to be our Friends in Medicine for 2015.

LCMS Friends in Medicine



Page 5

How physicians became the gatekeepers between cannabis and the public and how physicians should approach cannabis as a form of treatment. By: Jacqueline Bain

The Federal Government lists marijuana as a "Schedule I" controlled substance, meaning it has a high potential for abuse and no currently accepted medical use. 21 USC § 812(b)(1). Because there is no current accepted medical use, Federal law prohibits physician from issuing prescriptions for marijuana. 21 CFR § 1306.04(a). However, the Federal Government has traditionally deferred to the States to prosecute small-scale marijuana violations. This lack of Federal enforcement has encouraged the States to enact less stringent controls on the marijuana industry.

On August 29, 2013, the Federal Department of Justice issued a memorandum stating that it will continue to rely on State and local authorities to address marijuana activity through enforcement of their own narcotics laws. Nevertheless, in light of new State laws allowing for possession of a small amount of marijuana and regulating production, processing and sale of marijuana, the Department of Justice has designated eight criteria to guide State law enforcement. States must (1) prevent the distribution of marijuana to minors; (2) prevent revenue from the sale of marijuana from flowing to criminal enterprises; (3) prevent the diversion of marijuana from states where it is legal to states where it is illegal; (4) prevent marijuana activity from being used as a cover for the trafficking of other illegal drugs; (5) prevent violence and the use of firearms in the cultivation and distribution of marijuana; (6) prevent drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use; (7) prevent the growth of marijuana on public lands; and (8) prevent marijuana possession or use on federal property. In the event that the Federal Government determines that States are not adhering to such criteria, the Federal Government reserves its right to challenge State laws.

Most states that have legalized marijuana have done so for "medical use" only, meaning that consumers must obtain a prescription from a physician prior to purchasing or producing it. For this reason, physicians are often viewed as marijuana's "gatekeepers". As an increasing number of states, including Florida, explore legalizing medical marijuana, physicians must educate themselves regarding its uses and challenges.

First, prescribing medical marijuana remains a violation of the Federal Controlled Substances Act. A physician who prescribes medical marijuana risks the loss of his/her license to prescribe controlled substances. As recently as April 8, 2014, Attorney General Eric Holder answered questions from House Judiciary Committee members regarding the Federal Government's selective enforcement of the law as it pertains to marijuana. This area of law continues to develop every day. Physicians who prescribe marijuana as a form of treatment must remain vigilant regarding changes in law.

Second, physicians must become educated on when medical marijuana is appropriate as a form of treatment. As with any drug, physicians are obligated to understand marijuana's uses and limitations before offering it as a treatment option. Effective January 1, 2015, physicians in Florida may prescribe low-dose marijuana to certain epilepsy and cancer patients. Low-dose marijuana contains roughly half the tetrahydrocannabinol (THC) of the average marijuana plant, while possessing normal levels of cannabidiol (CBD), which is used to treat seizures. The law does contain certain restrictions. Physicians may only prescribe the drug as a last resort if other treatments are not effective, and only to patients to whom they provide ongoing treatment. Patients must be permanent Florida residents. For patients under the age of 18, a second physician must concur with the treating physician's suggested use of medicinal marijuana. Physicians must register as prescribers of low-dose cannabis and include the name of each patient in a State registry. Physicians must update the registry with each change in or termination of such prescription. Physicians may be guilty of a misdemeanor for prescribing the drug to patients who do not have cancer, symptoms indicative of cancer or seizures. Moreover, before prescribing the drug, physicians must complete an 8-hour training program with the Florida Medical Association.

This sentiment is echoed in states where medical marijuana is legal. In 2013, the Journal of the American Board of Family Medicine published the results of a survey of family physicians in Colorado (where medical marijuana has been legal since 2000) regarding their attitudes toward medical marijuana. Those physicians overwhelmingly agreed that further medical education and training is needed about medical marijuana: 4 out of 5 agreed that training should be incorporated into medical school curricula and family medicine residency curricula, and that primary care physicians should be required to receive formal training prior to recommending it to patients.

Third, many State laws allow physicians to give patients a card allowing them access to marijuana. (Current law in Florida does not require patients to carry a card.) Prescription of controlled substances typically involves calculation of how much of a drug is delivered to the patient and for how long the drug will remain in the patient's system. By contrast, there is no reliable delivery system for the marijuana to the patient and its lasting effects are unclear. It is an imprecise science and should be used with caution.

Prescription of medical marijuana may present certain professional malpractice issues for a physician. Physicians are encouraged to contact their malpractice insurance providers prior to prescribing marijuana as a form of treatment.

The November ballot in Florida will contain a proposition expanding the use of medical marijuana. The proposed law would allow Florida physicians to prescribe marijuana for a variety of specified diseases, and in the event that a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient. The proposition may trigger Florida Pain Clinic registration for prescribing physicians. Pain Clinics are defined as advertising any medium for any type of pain-management services or where in any month a majority of patients are prescribed certain controlled substances for the treatment of chronic non-malignant pain. The Department of Health requires Pain Clinics to register with the State and undergo inspection. Moreover, in the event that Florida views marijuana as a "prescription drug", prescribing physicians must vet any business relationship to which the physician refers, including marijuana dispensaries or treatment centers. Physician self-referral laws will apply.

Finally, physicians are well-served to understand that prescribing marijuana without a full understanding of a State's law may subject the physician to additional legal liability. For example, the Florida ballot measure to be voted on this November requires each prescription to be accompanied by a "physician certification", wherein the prescribing physician affirms that in the physician's professional opinion, the patient suffers from a debilitating medical condition, that the potential benefits of the medical use of marijuana would likely outweigh the health risks for the patient. Physicians must fully educate patients about how marijuana will impair decisions and affect motor skills. Results of patient's poor choices while under the effects of marijuana may prove disastrous for a prescribing physician.

Ms. Bain of the Florida Healthcare Law Firm is a healthcare attorney licensed exclusively in New York and has specific experience with compliance and negotiating and analyzing healthcare contracts. She can be reached via email at <u>Jackie@FloridaHealthcareLawFirm.com</u> or by calling 888-455-7702.



8 THINGS YOU SHOULD KNOW ABOUT MEDICARE'S PROPOSED PAYMENT RULE

FMA Update - July 2014

1. If the policies set forth in the 2015 Medicare Physician Fee Schedule proposed rule take effect, physicians will be in for a lot of changes—many of them unfavorable—next year. Here are the top eight things that should be on your radar:

1. A 21 percent payment cut is scheduled for April 1. The Centers for Medicare & Medicaid Services (CMS) observed in a fact sheet that current payment rates will apply through March as a result of the temporary payment patch enacted earlier this year and projected that payment rates will be cut by 20.9 percent April 1 unless Congress intervenes. The agency stated its support for repeal of the flawed sustainable growth rate formula that has triggered such large cuts.

2. Global surgical packages will be eliminated. The rule proposes to discontinue all 10-day global surgical packages by 2017 and 90-day packages the following year. Packages instead would include only preoperative care and care given the day of surgery. Consistent with longstanding AMA policy, the AMA plans to work with the affected medical specialty societies to protest this proposed change.

3. Payments will be adjusted by the Value-Based Payment Modifier beginning next year. Despite continued AMA opposition, CMS plans to levy steeper payment adjustments and to continue basing the adjustments on costs and quality data two years before the adjustment is applied. Physicians in groups of 100 or more will see payment penalties or bonuses next year, determined by their group's cost and quality performance in 2013. Bonuses and penalties based on 2014 performance will be applied to groups of 25-100 starting in 2016.

All physicians will be subject to the modifier beginning in 2017, at which point the potential penalty will double to 4 percent. The pool of money available for bonuses depends on how much is collected in penalties, so potential bonuses are not yet known.

4. Quality reporting requirements will be increased in the face of penalties. CMS has reiterated a 2 percent payment penalty for physicians who don't meet the 2015 Physician Quality Reporting System (PQRS) requirements and is proposing additional requirements physicians will need to fulfill. At the same time, the agency is proposing to cut the period physicians have to request an informal review of a PQRS penalty from 90 days to just 30 days.

5. PQRS data will be publicly reported. The rule proposes making all 2015 measure data from group practices available in 2016. The agency also is hoping it will be able to publish later that year individual measures for all physicians on Physician Compare, a website plagued by accuracy and usability problems since it launched in 2010.

6. Chronic care management services will be covered. Beginning next year, Medicare will pay \$43.67 per patient per month for chronic care management provided by a physician's office and \$32.58 for care provided by a facility. Such services involve non-face-to-face care coordination for patients with multiple serious chronic conditions that are expected to last at least 12 months or until death.

7. More telehealth services will be covered beginning in 2016. The proposed changes include greater access for patients in rural locations by expanding the number of rural sites.

8. A new timeline for changing physician codes and service values would take effect in 2016. This revised timeline will mean physicians can submit recommendations no later than Jan. 15 for the following year. The change not only will severely limit recommendations from the Relative Value Scale Update Committee (RUC) and CPT® Editorial Panel but also will increase the time for a new or revised code to be included in the Medicare fee schedule from 10-20 months to 20-27 months. The AMA already has suggested timeline revisions to CMS that would provide greater transparency and better alignment between relative value unit recommendations and the regulatory process.

ADVERTISING BOARD CERTIFICATIONS

Florida Board of Medicine's Latest News

In the state of Florida, it is not permitted to hold oneself out as a board-certified specialist unless you have obtained a certification through a specialty board of the <u>American Board of Medical Specialties</u> (ABMS) or other recognizing agency that has been approved by the board. This does not prevent a physician from advertising that his or her practice is limited to one or more types of services when this accurately reflects the scope of practice of the physician. If a physician has received a specialty certification from a recognizing agency not approved by the Board of Medicine, he or she can advertise such certification on a letterhead or advertisement only if such letterhead or advertisement contains, in the same print size or volume, the following statement: "*The specialty recognition identified herein has been received from a private organization not affiliated with or recognized by the Florida Board of Medicine*." Finally, a physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the Board of Medicine.

Other recognizing agencies currently approved by the Board of Medicine include:

- American Board of Facial Plastic & Reconstructive Surgery, Inc.
- American Board of Pain Medicine
- American Association of Physician Specialists, Inc./American Board of Physician Specialties
- American Board of Interventional Pain Physicians





Volume 38 Issue 7

Bulletin

LEE COUNTY MEDICAL SOCIETY WELCOMES LMHS MEDICAL RESIDENCY PROGRAM WITH A RECEPTION AT FINEMARK NATIONAL BANK & TRUST ON JULY 11, 2014

































Bulletin

FMA ANNUAL MEETING

FLORIDA MEDICAL ASSOCIATION INSTALLS Alan B. Pillersdorf, M.D., As 138th President



The Florida Medical Association installed Alan B. Pillersdorf, M.D., as its 138th President on Saturday, July 26 during the 2014 FMA Annual Meeting at the Hilton Orlando Bonnet Creek. Dr. Pillersdorf, who is board certified in plastic surgery and general surgery, is President of Plastic Surgery of Palm Beach, P.A.

"Dr. Pillersdorf truly believes in the power of physician unity through organized medicine," said FMA Executive Vice President Timothy J. Stapleton. "He

has a deep knowledge of the forces affecting patient care and will challenge the FMA to do even more in the coming year to help physicians practice medicine."

Dr. Pillersdorf received his medical degree from the Georgetown University School of Medicine in Washington, D.C. He completed his residency training in general surgery at Georgetown University and his plastic surgery residency at Nassau County Medical Center in New York. In addition to his FMA leadership, Dr. Pillersdorf has been President of the Palm Beach County Society of Plastic Surgeons, President of the Florida Chapter of the American College of Surgeons and President of the Palm Beach County Medical Society. He succeeds W. Alan Harmon, M.D., who served as the FMA's 137th President from 2013-2014.

Other FMA officers are: President-Elect Ralph J. Nobo Jr., M.D.; Vice President David J. Becker, M.D.; Secretary John N. Katopodis, M.D.; Treasurer Ronald F. Giffler, M.D.; Speaker Corey L. Howard, M.D.; and Vice Speaker David McKalip, M.D.

2013-2014 Physician Leadership Academy Class Graduates



FMA gives a round of applause to the members of the 2013-2014 Karl M. Altenburger, M.D. Physician Leadership Academy class, who graduated during Annual Meeting. The LCMS would like to congratulate Christina Cavanagh of Fort Myers who was among those graduated. They are:

Jody Abrams, M.D., Cynthia Anderson, M.D., Christina Cavanagh, M.D., Patrick Demarco, M.D., James Goldenberg, M.D., Ryan Hall, M.D., Marc Hirsh, M.D., Brian Nobie, M.D., Karen Pittman (FMA Alliance), Thanai Pongdee, M.D., Arvind Soni, M.D. and Vini Vijayan, M.D.

The Physician Leadership Academy is a10-month program designed to give doctors ages 45 and under the skills they need to succeed within business, organized medicine, medical staffs, group practices and the public policy arena. The FMA is still accepting applications for the 2014-2015 class.

2014 FMA ANNUAL MEETING DELEGATES



The LCMS Membership would like to say Thank You to our Delegates for a job well done!

Back Row: Larry Hobs, M.D., Chair; Richard Macchiaroli, M.D.; Joanna Carioba, M.D.; Cy Anderson, M.D.; F. Rick Palmon, M.D.; Ray Kordonowy, M.D.; Jeffery Neal, M.D.; Stuart Bobman, M.D.; Shari Skinner, M.D. Front Row: Peggy Mouracade, M.D. LCMS President; Valerie Dyke, M.D.; Jon Burdzy, D.O.

SUMMARY OF 2014 FMA ANNUAL MEETING BY YOUR 2014 DELEGATES

It was a very interesting meeting this year, topics ranging from medical marijuana, to assistance in medical school debt. On Saturday, after reviewing the resolutions in our caucus (ours is lower west coast) and confirming which we would support at the reference committees and vote for in the House of Delegates. We each were involved in a reference committee section, listening and partaking in discussion in four reference committees: I) Health, education and public policy; II) Finance and Administration; III) Legislation and IV) Medical Economics.

The one I had the privilege of being involved in, was reference committee I. From this discussion the following were recommended and for adoption by the FMA during our vote in the House of Delegates Sunday on Sunday.

1) "Petitioning for Florida administrative code to update the patient's notification and medical record rules". This will hopefully allow decrease potential burden on physicians who are not record owners or records custodians and leave a job for any reason.

2.) "Medical School Debt". Petition legislature to fund loan forgiveness program and repayment programs for physicians practicing in underserved specialties or geographic locations in Florida.

3.)" Reduced Pharmacy and Patient access to opioid analgesics". FMA endeavor to meet representation from DEA and pharmacy associations and relevant pain organizations in attempt to resolve a perceived medication shortage and unnecessary patient suffering.

4.)"HPV public awareness", Human Papillomavirus (HPV) Vaccine. Recommended that the FMA provide resources to advocate its official position, that all eligible adolescents be vaccinated against HPV and work with the DOH (Department of Health) to champion a public awareness program. Most interestingly during this discussion, many of us felt that we should not be promoting an HPV vaccine, rather the first cancer vaccine, as this virus leads to many malignancies including but not limited to, anal cancer, cervical cancer, forms of oral cancer.

There were many other resolutions and discussions. I felt these were the most interesting and important in the reference committee I served. Delegate: Jeffrey A Neale M.D.

Delegate statements continued on next page

Delegate statements continued from previous page

Delegate: Ray Kordonowy, M.D. Delegate and President of IPALC

I recently attended the state FMA delegates meeting in Orlando Florida. This is my 3rd year as a delegate representative and I believe my fourth-year attending. All twelve of our delegates were in attendance this year. For this meeting, I initiated a referendum that was further modified and co-sponsored by the Lee County Medical Society delegates. The referendum had to do with improving prescribing safety noting a significant flaw in present e- prescribing. The referendum was unanimously agreed upon as important and was deferred to the Governors board for further action. No government assistance was requested in this referendum.

I'm impressed with the favorable trends that are occurring at the FMA meetings. The FMA PAC donations reached an unprecedented amount. This is important for supporting any legislative support we may have related to medicine's interests. I encourage our members to join the 1000 dollar club. As one of your delegates, I feel it is my duty to minimize the instinctual request for government support and intervention regarding issues related to our profession and health care delivery. I instead offer self-help and independent solutions for our "medicine household". While in attendance, I consistently explain to the delegates and members the unhappy and unforeseen consequences that occur out of the misguided belief that the government is needed to solve our day-to-day business. We need to keep the patient physician contract sacred and be much more self-reliant.

Delegate: Richard Macchiaroli, M.D.

I am proud to have once again served as part of the Lee County Medical Society (LCMS) delegation to the Florida Medical Association (FMA) annual meeting, in Orlando, FL, this past July. Many important issues arise at this meeting, but what routinely seems to top the agenda is the assessment and evaluation of the legislative priorities for the FMA. The establishment of these priorities receives abundant and transparent discussion by the House of Delegates. Our FMA is constantly fighting on behalf of physicians to create legislation that is beneficial to the practice of medicine. More importantly, the FMA spends substantial resources battling encroachments by other non-physician clinicians onto the "turf" of medicine, as well as other anti-medicine legislation. Highlighting the Florida legislative agenda again in 2014, numerous non-physician clinicians are trying to pass legislation to practice medicine independently without physician supervision. Many of these practitioners are beneficial to patients and medicine, but function optimally with the physician remaining as leader and captain of the ship, guiding best practices and ensuring superior patient care and safety. To this end, the FMA is our best ally. If I could ask one thing of our LCMS and FMA members, it is that you join the FMA-PAC to help fund the FMA's efforts to fight for your practices and patients and help you practice medicine in Florida.

Delegate: Rick Palmon, M.D.

I had the pleasure of going to the FMA meeting in Orlando, Florida 2 weeks ago. This was my second time attending. What struck me the most was the passion and commitment to the house of medicine by the veteran delegates. New FMA president, Dr Alan Pillersdorf, in his address to the assembly stressed the importance of family after his recovery from a life threatening illness. We as Florida physicians are a family. We need to look after each other from all that threaten the practice of medicine. We cannot sit idly by as government, insurance, and attorneys mandate the manner in which we treat our patients. I encourage all in the Lee County Medical Society to become active advocates for medicine. Talk to your patients and have them vote for medicine friendly candidates this election cycle. The FMA is fighting for us in Tallahassee and as a family we have to stick together. A small donation to the FMA PAC will go a long way to achieving this. One delegate pledged \$30,000 dollars to the FMA PAC if the rest of the delegates could match the amount. I am proud to say that was done at the meeting and a record setting amount was raised. This is a battle that we can win with your support.

Delegate: Joanna Muller Carioba, M.D.

This was my first experience as a delegate to the Florida Medical Association annual meeting in Orlando. I served on the committee forming public policy and education opinions, discussing policy on vaccinations, advanced directives ie POLST, CPR instruction for all high school students as a possible mandate, and similar issues. Once again I was reminded of the span of ideas and scope of differences amongst us, but felt confident as I learned the process of coming together with one integrated voice in the House of Delegates. This process is vital for all policy and opinion, especially in influencing our politicians in Tallahassee. My appreciation for what our state medical association does for ALL physicians in Tallahassee was renewed, and I feel confident that our FMA team there is using our PAC dollars in the most important and appropriate manner. I thank the LCMS for the opportunity of serving its members.

Delegate: Valerie Dyke, M.D.

I sat in on the Medical Economics sections of the meeting of the Florida Medical Association. There were two main topics:

I expected the discussion over Medicaid Expansion to be very heated and controversial as it had been in years past. I was surprised that the only delegates to speak out on this topic spoke in favor of obtaining more medicaid coverage for Florida citizens, based on the feeling that in their districts, there were far too many uninsured, and economically speaking, the doctors had decided that getting paid half of Medicare rates was better than not getting paid at all when these patients needed to be seen on an emergent basis.

I also learned about something called "The Beers List" which is not to be confused with "The Beer List" with which I am infinitely more aquainted. It turns out that The Beers List is a list of drugs brought to us by the American Geriatric Society which are potentially dangerous in the older population. The legislation involving this was concerned that by creating this type of list, physicians prescribing some of these PIMs (Potentially Inapropriate Medications) could be legally liable in a way that they had not previously been, for prescribing drugs as common as flexeril. Who would have guessed that a Beers list could be dangerous?

What is the FMA PAC?

The Florida Medical Association Political Action Committee was established in 1974 to elect candidates to state office who will support our mission of making Florida the best state to practice medicine.

The FMA PAC solicits voluntary contributions from healthcare professionals to research, select and support the election of candidates who will legislatively advocate for the medical profession.

With the support of healthcare professionals from around the state, the FMA PAC is Florida's No. 1 medical PAC. As of August 2014, the FMA PAC has raised over \$2,000,000.

Does the FMA PAC endorse both Democrats and Republicans?

Yes. The FMA PAC is bi-partisan, supporting candidates of all parties that are pro-medicine. We work closely with County Medical Societies and our Physician Board Members from around the state to identify pro-medicine candidates as they seek elected office.

Who can be a member of the FMA PAC?

Membership of the FMA PAC is comprised of physicians, their spouses, medical students, residents, and physician assistants. Many large groups and medical staffs around the state have given generous donations as well.

Who serves on the FMA PAC Board?

The FMA PAC Board & <u>Executive Committee</u> are comprised of physician leaders from around the state. There are up to sixty-five physician members, one medical student member, up to seven alliance members and one PA Member.

How can I become a member of the FMA PAC?

There are several levels of commitment to the FMA PAC. <u>Click here</u> to learn more about investing in your profession and becoming a member today.



By: Jeffrey L. Cohen - The Florida Healthcare Law Firm

Many health policy experts are betting on the expanded role of telemedicine as an essential cost-saving, quality (and access) enhancing tool. Yet legal and policy issues have dogged the development of useful telemedicine guidelines, making it difficult to know what's ok and what's not. What sort of licensure is required for physicians practicing telemedicine? When is the physician "practicing medicine" vs. "merely consulting?" When is a physician patient relationship established? Is one even necessary? The newly developed model policy developed by the Federation of State Medical Boards should help guide states in developing specific telemedicine standards.

Federation Guidance

The model policy adopted by the Federation provides the following core guidance—

- •It defines telemedicine as "the practice of medicine using electronic communication, information technology or other means of interaction between a licensee on one location and a patient in another location with or without an intervening provider."
 - •It states that it is not intended to alter existing state-based scope of practice or standards of care.
 - It supports the notion that a physician patient relationship must be established in the context of telemedicine, including for instance taking a patient history.

The devil, of course, is in the details. The Federation notes, for instance, that it may be tough to pin point the start of the physician patient relationship, but is clear that the relationship is in fact commenced once the "physician agrees to undertake diagnosis and treatment of the patient, and the patient agrees to be treated, whether or not there has been an encounter in person between the physician (or other appropriately supervised health care practitioner) and patient." Emphasis added. While the model policy skirts the issue of "treating vs. advising," comments seem to indicate that "when in doubt, assume such a relationship has been established," presumably with attendant licensure requirements and liability.

As far as licensure goes, the Federation thinks licensure should be required in the state where the patient is located (as opposed to where the physician is located). State laws need to be considered, however, since many will also likely require licensure in the state where the physician is located. Telemedicine based prescribing protocols have long dogged many physicians. The hormone replacement industry, for instance, has often worked without

Telemedicine based prescribing protocols have long dogged many physicians. The hormone replacement industry, for instance, has often worked without proper clarity on this issue. Though the Federation policy is clear that prescribing "based solely on an online questionnaire, does not constitute an acceptable level of care," physicians will have to refer to state law for more specific guidance.

The Federation's focus on the need for proper informed consent is innovative and unique in the context of telemedicine, calling for the usual and complete protocol one would expect to find in a face to face encounter. Informed consent has not been an area focused on by Florida regulators, so the Federation's guidance will be helpful.

Continuity of care is another issue that has eluded the topic. Here the Federation states that "[p]atients should be able to seek...follow up care or information from the physician....." This may be frustrating to physicians utilizing telemedicine on a more limited basis. For them, defining the beginning and end of the scope of their services (in writing!) will be especially important.

As far as medical records are concerned, it should come as no surprise that the Federation is supporting the notion that proper medical records should be created and maintained in the same way as in person encounters.

One of the big areas of controversy, telemedicine based prescribing, is left to the physician's discretion. The Federation is punting the specifics to state medical boards.

Florida's Take on Telemedicine

So how is Florida responding to the issue? In a very thoughtful and thorough way.

Current telemedicine standards are found in existing rule (64B9-9.014 and .90141, F.A.C.), which track the Federation's thinking pretty closely (but incompletely), including—

- •Stating that prescribing any medication based solely on an online questionnaire is below the requisite standard of care
- •Requiring the following before treatment recommendations can be made:
 - A documented patient evaluation (including H&P)
 - Discussion of treatment options and risks/benefits
 - Maintaining medical records in the same way as an in person encounter

Opt outs are specified in the state regs for emergency care and also where there is another physician with an ongoing relationship with the patient.

Latest CMS Moves

CMS recently expanded the list or reimbursable telehealth services, to include payment for (i) services for rural health areas near big cities, (ii) annual wellness visits (AWV) via telehealth, (iii) psychoanalysis, and (iv) family psychotherapy.

Conclusion

The model policy developed by the Federation is one step on what will likely be a lengthy journey. We can expect the issues to be developed over time. In fact, this past legislative session introduced a very detailed law on the topic (which ultimately did not pass), which included provisions which—

•Contained exceptions for audio based calls, e mails and faxes

•Required Florida licensure for a physician located outside Florida treating a person located in Florida, and also required the physician be licensed in the state where he or she resided

•Required state registration when there are 10 or more telemedicine encounters each year and attached state based disciplinary provisions to that registration •Excepted out of state consultation between physicians

•Clarified that telemedicine does not alter the existing standard of care

•Excluded the H&P requirement from the initial patient encounter

•Clarified that it is below the standard of care to (i) prescribe a legend drug based only on an electronic questionnaire without a visual examination, and (ii) prescribe via telemedicine a controlled substance for chronic non malignant pain

•Addressed payor related issues.

The one thing that is clear here is that, given the importance of telemedicine, more regulation will be developed and implemented.



GOV. SCOTT: FEE REDUCTIONS FOR HEALTH CARE PROFESSIONALS

On July 25, 2014, in News Releases, by Governor's Press Office

Today, Governor Rick Scott announced fee reductions for the licensing of certain health care professionals. Due to efficiencies found and the streamlining of processes, both the Florida Board of Medicine and Florida Board of Nursing identified excess fees and are passing this on as a cost savings to licensees.

Governor Scott said, "The physicians and nurses in our state work hard to provide high quality medical care to Florida families and this fee reduction will result in \$7.75 million in savings for our heath care professionals. These reductions highlight our commitment to making Florida the best state in the nation to live and work, will allow more Floridians to keep their hard earned money."

The Board of Medicine will reduce the physician license renewal fee for the next biennium from \$360 to \$250. Physicians renewing their license in 2015 or 2016 will pay this lower fee, which has the potential to produce up to \$6 million in savings that can be reinvested into Florida's economy by these medical professionals.

The Florida Board of Nursing reduced the initial application and initial license fee effective July 1, 2014. Applicants for initial licensure as a Registered Nurse or Licensed Practical Nurse will now pay \$100 instead of \$165. It is estimated these fee reductions will result in a cost savings to new licensees of approximately \$1.75 million each fiscal year.

"The Florida Department of Health appreciates Governor Rick Scott's leadership to find ways to reduce fees for Florida businesses. I applaud the Board of Medicine's and Board of Nursing's actions to reduce the fees for these valued health care professionals," said State Surgeon General and Secretary of Health Dr. John Armstrong. "We will continue to find ways to help physicians and nursing professionals provide care for Florida's children, adults and families."

"The Board of Medicine supports an opportunity economy in which every Florida physician can pursue the dream of practicing medicine in the Sunshine State," said Board of Medicine Chair, Dr. Nabil El Sanadi. "We will continue to search for ways to support the increase of licensed medical professionals in the state of Florida."

We Appreciate Your Referrals!



From left: Kate Wagner, O.D.; E. Trevor Elmquist, D.O.; Nina Burt, O.D.

FORT MYERS OFFICE

September 2014

12670 New Brittany Blvd., Suite 102, Fort Myers Mon. - Fri. 8 a.m. to 5 p.m. When you speak to your patients about their eye health, speak to them about Elmquist Eye Group. We provide superior health care with personalized attention and the convenience of multiple locations and same day appointments.

ELMQUIST

preserving and restoring vision

(239) 936-2020 www.Elmquist.com



CAPE CORAL OFFICE 2336 Surfside Blvd., Suite 121, Cape Coral Mon. - Fri. 9 a.m. to 5 p.m.

lcmsfl.org

Bulletin

STATEMENT BY FLORIDA MEDICAL ASSOCIATION GENERAL COUNSEL JEFF SCOTT ON RESOLUTION PASSED AT FMA ANNUAL MEETING RELATING TO MEDICAID EXPANSION

(Tallahassee, Fla.) – "There were a number of resolutions dealing with some aspect of Medicaid expansion that were submitted to the Florida Medical Association House of Delegates at the recently completed FMA Annual Meeting. Only one resolution (14-406), submitted by the Broward County Medical Association, Dade County Medical Association, and the Palm Beach County Medical Society, was enacted. As amended and accepted by the House of Delegates, this resolution calls for the FMA to publicly support the acceptance of federal dollar support for Medicaid eligibility expansion, but only if this expansion safeguards patient access to care while increasing Medicaid payment rates to Medicaid population will only come about if there are adequate numbers of physicians to care for these patients. It is also understood that current payments levels (which in many instances do not cover the cost to provide care) are grossly inadequate and serve as a disincentive to physician participation in the Medicaid program."

Florida Medical Association Strongly Opposes Amendment 2

Doctors agree it isn't properly regulated and could lead to abuse

(Tallahassee, Fla.) - Following the unanimous adoption of Resolution 14-301 by the Florida Medical Association House of Delegates at the July conference, the FMA today announced its opposition to Amendment 2 – the so-called "medical marijuana" constitutional amendment, which will be on the ballot this November.

"Providing compassionate care to our patients is something we do every day. We believe the unintended consequences of Amendment 2 are serious and numerous enough for us to believe they constitute a public health risk for Floridians," stated Alan B. Pillersdorf, M.D., president of the FMA. "The lack of clear definitions in the amendment would allow healthcare providers with absolutely no training in the ordering of controlled substances, to order medical marijuana."

"As an association that represents more than 20,000 physicians, we have come together to reject an Amendment that does not have the proper regulations in place, approves an unsafe method of drug delivery and puts a substance that has drug abuse potential in the hands of Floridians, if

approved in November. FMA also rejects a process whereby initiatives to approve medicines are decided by methods other than careful science-based review."

"We recommend that other physician organizations and their members responsibly reject this Amendment, which would provide improper access to cannabis and cannabis-based products," concluded Dr. Pillersdorf.

The Doctor's of the FMA take their oath and their obligation to patients serious. When voters need advice on issues of medicine and health care, their own doctors can and should be a trusted resource. It is with this obligation in mind that the FMA took the action it did in voting unanimously to oppose Amendment 2.

Founded in 1874, the FMA is a professional association dedicated to the service and assistance of Doctors of Medicine and Doctors of Osteopathic Medicine in Florida. The FMA represents more than 20,000 physicians on issues of legislation and regulatory affairs, medical economics and education, public health, and ethical and legal issues. The association advocates for physicians and their patients to promote the public health, ensure the highest standards of medical practice, and to enhance the quality and availability of health care in the Sunshine State.

Recruit three new members this year and your 2015 dues will be free of charge.

CLINICAL STUDY CENTER

Seeking part time Clinical Research Investigators as a Primary or Sub-investigators.

The Clinical Study Center is interested in speaking with Doctors about conducting research with us. Time commitment can be <u>flexible and conform</u> to your needs [perfect for recently the recently retired or doctors with other time challenges ... also as a new revenue source for your practice]. We apply our experience to simplify a complex process ... keeping volunteers safe ... producing excellent research data ... and keeping Doctors, as investigators, safe and confident of overall study execution. Call Ken Aschom at the Study Center to talk about working with us- 239/936-4421.

www.clinicalstudycenter.com



American Medical Association Calls on CMS to Delay Publication of the Sunshine Act Database; More Time Needed for Physicians to Review Data

By the American Medical Association

Poor Functioning Government Website Creates Major Hurdles for Physicians

Washington – The American Medical Association (AMA) is calling on the Centers for Medicare and Medicaid Services (CMS) to expand the timeframe for registering and using the Open Payments system to allow physicians adequate time to review and seek correction of inaccurate claims made by pharmaceutical companies, device manufacturers, and group purchasing organizations under the Sunshine Act. The call comes amidst continued poor functionality of the government website and poor communication to physicians and the public, which has led to widespread confusion among physicians and hindered education efforts about the program.

CMS reports that it has reopened the Open Payments database as of today, but indicates it will only allow physicians until September 8th to complete registration and seek correction of data. Yet, the agency has not fixed the major problems that continue to mark the roll-out of this database including confusing and inaccurate information, lack of reliable functionality, and excessive time required to register and review reports. This inadequate response will lead to inaccurate publication of data.

While the AMA believes that transparency can strengthen our health care system and benefits both physicians and patients, if the government releases incorrect information to the public it can create misinterpretation and misrepresentation and inhibit the delivery of quality care to patients.

"In order for the Sunshine Act to be effective, physicians need enough time to review and correct any inaccurate data that may be reported," said AMA President Robert M. Wah, MD. "The issues that resulted in the system being taken offline further underscore the need for more time than CMS proposes to ensure the system is actually ready and that physicians have adequate time to register, review, and seek correction of inaccurate data. The lack of faith physicians have in the system at this point in time, is making them wonder if taking time away from patients to go through the process is even worthwhile."

CMS created widespread confusion by taking the Open Payments database offline without notice to physicians or physician organizations and without any indication of when the database would be available again. According to media reports, the Open Payments system was taken offline the evening of August 3rd due to significant technological problems. CMS inadequately communicated about website failures, not releasing a public statement about the system being offline until August 7th and not providing any indication of when the database would be available again, causing confusion among physicians.

Physicians were already given a short window to go through the cumbersome process of registering for the Open Payment System (which required a more than 360 page guidebook), reviewing information reported about them, and disputing any inaccurate data before publication in September. In order to get proper participation in the program to ensure all data reported is fair and accurate, AMA is asking CMS to significantly expand the timeframe for registration and data correction until March 31, 2015.

While the AMA supports the Sunshine Act, it cannot support the publication of inaccurate data. Wrong information, reduces patient trust which unnecessarily damages patient-physician relationships. Physicians deserve adequate amount of time to ensure the information being reported is accurate.

"If you have integrity, nothing else matters. If you don't have integrity, nothing else matters."

THANK YOU TO OUR PHYSICIANS AND OFFICE STAFF FOR YOUR SUPPORT IN PROMOTING POSITIVE SUPPORT!

We thank you and hope that you continue to let your patients know of this website so patients can tell their story and let those that strive to keep them healthy and very much appreciated. This site gives patients a voice to show their gratitude in a way that will help others have more positive thoughts of physicians and medicine. <u>HAPPSTORIES.ORG</u>

Visit our LCMS website <u>happstories.org</u> to read our two new additions.

Enclosed in this Bulletin, you will find an insert called, A Snapshot of the Florida Medicaid Managed Medical Assistance Program.

- Explanation of the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance Program (MMA).
- Who is NOT required to participate?
- Who is NOT eligible to participate?
- What region am I in
- What MMA Statard plans are available in my region
- What Medicaid covered services are provided under the Managed Medical Assistance program?
- What providers will be included in the MMA.

Physicians: Please make copies and distribute to those who need the information.

September 2014

Page 14

CMS WILL WITHHOLD SOME RECORDS FROM PHYSICIAN PAYMENT WEBSITE

Contributed to:, CaliforniaHealthline / iHealthBeat, August 18, 2014 Publication

CMS announced that it would withhold about one one-third of records next month when it launches its physician payment website because of data inconsistencies, *ProPublica* reports (Ornstein, *ProPublica*, 8/15).

Background

In February 2013, CMS released <u>a long-awaited final rule</u> on the Physician Payment Sunshine Act -- also known as the <u>OPEN PAYMENTS</u> <u>system</u> – and outlined a timeline for its implementation. The Sunshine Act requires medical industry companies to disclose consulting fees, travel reimbursements, research grants and other gifts that they give to physicians and teaching hospitals.

As of August 2013, manufacturers of pharmaceutical and biological drugs, medical devices and medical supplies have been required to report all transfers of monetary value over \$10 to physicians and teaching hospitals.

All data collected from August 2013 through December 2013 had to be reported to CMS by March 31, 2014, according to the final rule. The final rule also called for physicians to be given a 45-day "review and correction" period to ensure the accuracy of any disclosures to CMS.

The federal government had planned to publicly release the online database of payments in September in an effort to promote transparency.

However, the database has come under criticism after findings from a ProPublica investigation and other media reports discovered mistakes in the information that could undermine a health care providers' professional reputation, such as incorrectly listing drugmaker payments.

On Aug. 14, CMS said that its physician payment website was back online, about 11 days after it was taken down to investigate a reported data issue (*iHealthBeat*, 8/15).

Missing Records

CMS said it has fixed errors within the system but added that doing so required removing large chunks of payment data (Al-Faruque, *The Hill*, 8/15). CMS said it will still make public on Sept. 30 details about provider payments made from Aug. 1, 2013, to Dec. 31, 2013, but the flawed data will not be released until June 2015 (*ProPublica*, 8/15).

CMS spokesperson Aaron Albright said the department "is returning about one-third of submitted records to the manufacturers and [group purchasing organizations] because of intermingled data, and [the agency] will include these records in the next reporting cycle." He added, "Manufacturers will have to resubmit the data, and it will become public after the manufacturers correct the data and physicians get a chance to review and dispute the data" (*The Hill*, 8/15).

CMS did not give an exact number of records that would be withheld, but the number could be in the millions, according to *ProPublica*. Albright said that CMS would provide an explanation regarding the missing data when the system is launched. However, providers noted that they have not yet seen such a notice on the system's website (*ProPublica*, 8/15).

Reaction

Sen. Chuck Grassley (R-Iowa) called the incomplete release disappointing and urged the department to be transparent about what it will be making public. He said, "Incomplete information won't give the public a full picture of payment data" (*The Hill*, 8/15).

It's that time of year again!!! Membership Billing will begin in September for 2015. Your prompt attention is appreciated





Your Independent Cardiologists

Accepting New Patients

*Participating in most insurance plans

*Nuclear cardiac stress testing, Holter

monitoring, treadmill stress testing,

*Experienced Board Certified Cardiologists

*Independent Cardiology Practice

Eliot Hoffman MD *No additional facility fees



Stephen Fedec DO



Richard Davis MD

cardiac clearance, echocardiography *Cardiac catheterization and intervention,

pacemaker and ICD implantation

*Hospital privileges at GulfCoast Medical Center and HealthPark Hospital

13411 Parker Commons Blvd, Suite 101 Fort Myers FL 33912 www.cardiologyconsultants-swf.com (239)415-4900



lcmsfl.org

Page 15

13770 Plantation Road, Ste 1 Fort Myers, FL 33912 PRSRT STD US POSTAGE

PAID FT MYERS, FL PERMIT NO 534

CHANGE SERVICE REQUESTED

Together We Are Stronger

IN FLORIDA, WE PROTECT OUR MEMBERS WITH THE BEST OF BOTH WORLDS: NATIONAL RESOURCES AND LOCAL CLOUT

As the nation's largest physician-owned medical malpractice insurer, with 75,000 members, we constantly monitor emerging trends and quickly respond with innovative solutions. And our long-standing relationships with the state's leading attorneys and expert witnesses provide unsurpassed protection to our over 15,000 Florida members. When these members face claims, they get unmatched litigation training tailored to Florida's legal environment, so they enter the courtroom ready to fight—and win.

Join your colleagues—become a member of The Doctors Company.

CALL OUR JACKSONVILLE OFFICE AT 800.741.3742 OR VISIT WWW.THEDOCTORS.COM



