

October 7, 2010

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TOP STORIES

1. AMA calls on government to remove barriers to ensure success of health system reform

Changes to current government rules must be made for physicians to fully participate in the models of patient care being tested under the new health system reform law, AMA President Cecil B. Wilson, MD, told government officials October 5.

Dr. Wilson provided insight on what physicians need from government agencies to lead new reform models during a joint meeting of federal agencies that was encouraged by the AMA.

"Physicians want to be part of a health care delivery system that allows them to provide the best care to their patients," Dr. Wilson said. "For this to happen, legal barriers must be removed and physicians must be allowed to participate in new models of care, including accountable care organizations. Physicians serve their patients best when they can focus on providing high-quality, efficient care without restrictive rules that keep them from thriving in the new models of patient care."

Visit <http://www.ama-assn.org/ama/pub/news/news/remove-legal-barriers-health-reform.shtml> to read more about the meeting.

2. IOM report on future of nursing garners response from AMA

In response to an Institute of Medicine (IOM) report about the future of nursing that called for nurses being able to independently practice, the AMA said that a physician-led, team approach to care—with each member of the team playing the role they are educated and trained to play—helps ensure patients get high-quality care and value for their health care spending.

“Nurses are critical to the health care team, but there is no substitute for education and training,” AMA Board of Trustees member Rebecca J. Patchin, MD, said. “Physicians have seven or more years of postgraduate education and more than 10,000 hours of clinical experience, and most nurse practitioners have just two to three years of postgraduate education and less clinical experience than is obtained in the first year of a three-year medical residency.”

Visit <http://www.ama-assn.org/ama/pub/news/news/nursing-future-workforce.shtml> to view Dr. Patchin's full statement.

3. Organized medicine tells Congress: Action needed to stop Medicare crisis

Immediate action is needed to stop the drastic 30 percent Medicare payment cuts looming at the end of this year to protect seniors' access to health care. That's the message the AMA, along with medical societies representing 50 states and the District of Columbia and 65 national physician organizations, sent in a September 29 letter to Congress. Visit <http://www.ama-assn.org/ama1/pub/upload/mm/399/medicare-sign-on-letter-29sept2010.pdf> to view the letter.

Congress has repeatedly failed to fix the flawed Medicare physician payment formula, relying instead on temporary reprieves from scheduled cuts. The latest of these temporary delays stabilized Medicare physician payments only through the end of November. If action is not taken quickly by Congress, on December 1 Medicare payments for physician services will be slashed by more than 23 percent. An additional cut of 6.5 percent will follow on January 1.

“Without action to stop the cuts, Congress will create a Medicare meltdown with access to care threatened for seniors and the baby boomers who will begin entering Medicare in January,” AMA President Cecil B. Wilson, MD, said. “Ultimately, a permanent solution must be passed to fix this broken system, but Congress must first stop the 30 percent payment cuts threatening seniors' access to care now.”

Visit <http://www.ama-assn.org/ama/pub/news/news/physician-groups-medicare-seniors.shtml> to view an AMA news release about the Medicare crisis.

4. AMA kit helps physicians weigh their Medicare options

From mid-November through Dec. 31, physicians will have their annual opportunity to review and perhaps change their participation status with the Medicare program. Given the severe Medicare payment disruptions caused this year as Congress established, and then missed, multiple deadlines to stop payment cuts caused by the sustainable growth rate formula, the AMA is encouraging physicians to prepare for this opportunity and review their options carefully.

To help physicians choose the direction that is right for their practices, the AMA has developed a kit to help them evaluate their options for coping with the continuing threat of Medicare payment cuts. The kit includes the guide, “Know your options: Medicare participation guide,” which contains a detailed explanation of the three available options: participation, nonparticipation and private contracting. The kit also includes a helpful revenue calculator and various sample materials to help physicians share information with current, new and prospective patients.

Physicians can visit <http://www.ama-assn.org/go/medicareoptions> to download the kit.

5. How do Medicare cuts threaten access to care in your state?

Updated state profiles showing the financial impact of scheduled Medicare physician payment cuts, the number of Medicare beneficiaries, the number of employees in physician practices and work force statistics for each state are available on the AMA website.

Use this information to persuade your state's legislators that Congress must address the upcoming Medicare physician payment cuts during the first week of its lame-duck session in November.

Visit www.ama-assn.org/go/medicarepaymentkit to access your state's profile.

6. Arkansas court decision upholds physician legal victory against Baptist Health

Arkansas' largest hospital can no longer restrict hospital-admitting privileges and interfere with the continuity of patient care. This decision—an important win for physicians—was made September 30 when the Arkansas Supreme Court ruled to uphold last year's decision by a lower court that Baptist Health was acting improperly by denying hospital-admitting privileges to medical staff members based on financial concerns.

"This important court victory demonstrates that economic credentialing policies at dominant hospitals cannot be used to restrict physicians and prevent patients from choosing competing medical facilities," AMA President Cecil B. Wilson, MD, said. "Hospitals cannot use their financial interest to justify policies that interfere with patients' health care choices."

Baptist Health had adopted an economic credentialing policy in 2003. The Litigation Center of the AMA and State Medical Societies and the Arkansas Medical Society intervened in the case as plaintiffs, bringing their combined resources to bear in support of the physicians who were subjected to Baptist's inappropriate credentialing policies. The medical societies argued that the primary factor in credentialing physicians should be competency, not economic factors unrelated to quality.

Visit <http://www.ama-assn.org/ama1/pub/upload/mm/399/arkansas-baptist-health-ruling.pdf> to view the Arkansas Supreme Court ruling.

Visit <http://www.ama-assn.org/ama/pub/news/news/arkansas-baptist-health.shtml> to view Dr. Wilson's full statement about the ruling.

Visit <http://bit.ly/cqgOlz> to read a blog post by Dr. Wilson about the case.

Visit <http://www.ama-assn.org/go/litigationcenter> to learn more about the Litigation Center of the AMA and State Medical Societies.

7. AMA unites organized medicine in defense of Maryland's cap on jury awards

Physicians in Maryland earned an important legal victory on September 24 when the Court of Appeals, the highest court in Maryland, rejected a challenge to the state's cap on noneconomic damages and upheld the constitutionality of the cap.

The Litigation Center of the AMA and State Medical Societies, in cooperation with the Maryland State Medical Society, filed an amicus brief supporting Maryland's reasonable limitations on jury awards for pain and suffering. The joint physician brief argued that caps on noneconomic damages work and have proven to stabilize physicians' liability premiums and protect patients' access to care.

“The successful defense of Maryland’s cap on damages shows yet again that when organized medicine uses its combined resources, the best outcome for patients and doctors can be achieved,” AMA President Cecil B. Wilson, MD, said. “The AMA is committed to enacting and defending strong medical liability reform laws on the state and national levels so that physicians can focus on what’s most important—patient care.”

Visit <http://www.ama-assn.org/ama/pub/news/news/maryland-cap-jury-awards.shtml> to view Dr. Wilson’s full statement on the case.

Visit <http://www.medchi.org/sites/default/files/Freed%20Press%20Release.pdf> to learn more about the case in a Maryland State Medical Society news release.

Visit <http://www.ama-assn.org/ama1/pub/upload/mm/395/freed-v-drd-pool.pdf> to view the amicus brief that was filed.

8. Attend PCPI webinar in new measure testing series

Are you interested in testing physician performance measures but not sure how to get started? State and specialty society employees as well as physicians are invited to attend “How to Plan a Measure Testing Project: Overview,” at 1 p.m. Eastern time October 21. This is the first in a series of three measure-testing webinars that will be offered.

Hosted by the AMA-convened Physician Consortium for Performance Improvement® (PCPI), the webinar will feature presenter Keri Christensen, an AMA senior policy analyst, who will address questions related to measure testing including:

- Why should we test our physician performance measures?
- What are feasibility, reliability and validity, and how do we test measures for them?
- How long will a testing project take?
- How much will a testing project cost?
- Are there any existing tools we can use to help our measure-testing project go more smoothly?

Visit <https://cc.readytalk.com/cc/schedule/display.do?udc=h8u7f0tf0ke4> to register to attend this free webinar.

Visit <http://www.ama-assn.org/go/pcpi> to learn more about the PCPI.

PUBLIC HEALTH

9. Everyone over 6 months old should be vaccinated for flu

New guidelines from the Advisory Committee on Immunization Practices (ACIP) recommend that everyone over 6 months of age with no medical contraindications to the influenza vaccine should be vaccinated. Multiple age- and risk-based recommendations for who should receive the influenza vaccine have been eliminated.

Physicians will no longer have to scramble to identify who in their patient population should receive the vaccine—most should. The physician recommendation is the No. 1 reason why a patient gets vaccinated. Thus, if physicians recommend and administer the flu vaccine, the number of people protected from the morbidity and mortality associated with influenza should increase.

Supply of the vaccine should be great. This year, an estimated 165 million doses of influenza vaccine will be available in the United States. And the vaccine is available early, with more than 36 million doses already distributed by the second week of September.

This vaccine protects against last year's 2009 H1N1 strain as well as a new H3N2 strain and a B strain of influenza. And with the vaccine arriving early, physicians can administer it as soon as they receive it. There is no need to wait to vaccinate the elderly; data show that immunity does not wane in the elderly, and protection is afforded throughout the season.

Also, a new vaccine is available for the elderly. Fluzone HD was approved this year by the Food and Drug Administration and recommended by the ACIP for people age 65 and older. This new vaccine contains four times the antigenic dose of the existing flu vaccine and has been shown to significantly improve the antibody response in the elderly to the type A influenza strain. The Centers for Medicare & Medicaid Services has announced that it will cover the cost of this vaccine.

Visit <http://www.ama-assn.org/go/flu> to view the AMA's public health Web pages for a variety of flu vaccination resources.

10. Meeting to highlight prevention and quality in a new era of medicine

Do you want to learn more about the opportunities and challenges Americans face in the wake of health system reform to implement a system that has prevention and quality at its foundation? If so, attend the annual meeting of the American College of Preventive Medicine, February 16–19, in San Antonio.

Themed "Prevention and quality in a new era," Preventive Medicine 2010 features speakers recognized as innovators in the field, including David Katz, MD, director of the Prevention Research Center at Yale University School of Medicine; Dean Ornish, MD, founder and president of the Preventive Medicine Research Institute and a clinical professor of medicine at the University of California, San Francisco; William Dietz, MD, director of the Division of Nutrition, Physical Activity and Obesity at the Centers for Disease Control and Prevention; and Glenn Steele Jr., MD, president and chief executive officer of Geisinger Health System.

The conference also will include preventive medicine and public health leaders who will present updates, innovations and new perspectives on clinical preventive and lifestyle medicine, prevention policy, public health practice and medical quality. Sessions will range from career development to scientific abstract on a variety of topics such as adolescent health, employee health and productivity, environmental health aerospace medicine and prevention education.

Visit <http://www.preventivemedicine2011.org/> to learn more and register. Register online before December 1 and save \$100.

11. AMA's Code provides a look into today's issues in medical ethics

The 2010–2011 edition of the AMA's *Code of Medical Ethics* helps physicians address the many ethical challenges they face today. This new, updated version offers more than 200 ethical opinions from the AMA Council on Ethical and Judicial Affairs and the AMA's nine *Principles of Medical Ethics*. Visit <http://www.ama-assn.org/go/medical-ethics> to learn more and order a copy.

ANNOUNCEMENTS

12. Physicians can enroll in AMA HIPAA School

All health care providers are required to take privacy and security training as part of the Health Information Technology for Economic and Clinical Health (HITECH) Act, a part of the 2009 economic stimulus package.

To ensure that physicians and their work force fulfill the training requirements and gain a better understanding of the updated Health Insurance Portability and Accountability Act (HIPAA) and HITECH Act privacy and security regulations, they can enroll in AMA HIPAA School—a practical new online training resource from the AMA.

AMA HIPAA School outlines in three courses HIPAA privacy and security standards and implementation specifications. Each course uses a straightforward approach to train users on the HIPAA and HITECH Act rules and regulations and a multiple-choice test to document work force “awareness and understanding.”

These courses also prepare physicians and their staff for a potential audit by providing them with independent third-party validation in the event of a compliance audit or complaint investigation. AMA members can enroll at a discounted rate.

Visit https://catalog.ama-assn.org/Catalog/product/product_detail.jsp?productId=prod1640022 to enroll today.

13. What reform regulations will take effect this week?

As implementation of Affordable Care Act provisions proceeds, the AMA is rapidly responding to regulatory proposals being issued by various federal agencies. A new collection of resources highlighting each one—at www.ama-assn.org/go/acaregs—is now available for download.

View regulatory material on key health system reform issues—including Medicare physician payment changes for 2011, medical-loss ratios and consumer health plan appeals. Also, read comments submitted by the AMA to help improve physicians’ understanding of the new law and AMA advocacy efforts on behalf of physicians and their patients.

This Web page will be updated continually as new provisions of the law are implemented. Check back each week for the latest information.

14. In *American Medical News*: Doctors, patients use smartphones, but can’t make mobile connection

A mobile disconnect exists between physicians and their patients for two reasons, according to a study by the PwC Health Research Institute, which was featured in an October 4 *American Medical News* article. The first is a lack of connectivity between mobile phones and practice and hospital systems, *American Medical News* reports, and the second is money. Visit <http://www.ama-assn.org/amednews/2010/10/04/bil21004.htm?target=features4&source=amawire> to read more about the disconnect.

External links to Web sites and e-mail addresses are offered to provide readers with additional sources of news and information. The AMA is not responsible for the content contained in these external sources.

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