

**February 4, 2011**

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**TOP STORIES**

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**1. AMA applauds passage of Stabenow amendment to repeal 1099 reporting requirement**

The AMA on February 2 lauded the U.S. Senate's vote to repeal an IRS 1099 reporting requirement for businesses that was included in the health reform law passed last year. The provision would require businesses, including physician offices, to file a 1099 form with the IRS if the total amount of payments made to another business in exchange for goods and services is \$600 or more in a year.

“The AMA applauds the Senate’s vote in support of the Stabenow amendment to repeal the unnecessary and burdensome IRS 1099 reporting requirement that was included as part of the health reform law,” AMA President Cecil B. Wilson, MD, said. “It is estimated that paperwork already takes up as much as a third of a physician’s workday—time that could be better spent with patients—and this provision would only increase that burden.”

Visit <http://www.ama-assn.org/ama/pub/news/news/ama-applauds-passage-stabenow-amendment.shtml> to view an AMA news release on the Stabenow amendment.

## **2. HEALTH Act would help resolve medical liability crisis, protect access to care**

The AMA and 100 medical and physician organizations expressed their strong support for the Help Efficient, Accessible, Low-cost, Timely Healthcare (HEALTH) Act of 2011 in a January 25 letter. The HEALTH Act is bipartisan legislation that includes reforms intended to repair the nation's broken medical liability system, reduce the growth of health care costs and preserve patients' access to care.

The organizations sent the letter of support to the HEALTH Act's sponsors—Reps. Phil Gingrey, MD, R-Ga.; David Scott, D-Ga.; and Lamar Smith, R-Texas, who introduced the bill January 24.

Introduction of the HEALTH Act comes on the heels of January 20 testimony by AMA Board of Trustees Chair Ardis Dee Hoven, MD, to the U.S. House of Representatives Judiciary Committee. During her comments, Dr. Hoven shared results from a recent AMA report that shows the nation's medical liability system has become costly and unfair for patients and physicians, with an average of 95 medical liability claims filed for every 100 physicians.

"The HEALTH Act would put in place proven reforms, similar to those already working in states like California and Texas," Dr. Hoven said. "These reforms keep physicians' liability premiums stable and ensure that patients—not lawyers—receive more of the awards."

Visit <http://www.ama-assn.org/ama/pub/news/news/ama-organizations-support-health-act.shtml> to view the AMA’s statement on the HEALTH Act.

Visit <http://www.ama-assn.org/ama/pub/news/news/hoven-medical-liability-system.shtml> to view Dr. Hoven’s testimony before the House Judiciary Committee.

Visit <http://www.ama-assn.org/ama1/pub/upload/mm/363/prp-201001-claim-freq.pdf> to view the AMA report on the nation’s medical liability system.

## **3. AMA applauds president’s acknowledgement of liability reform, improvements to the ACA**

During his State of the Union address on January 25, President Obama outlined a vision for the nation's future that includes key AMA priorities, such as lowering health care costs through medical liability reform, improvements to the new health reform law and investments in biomedical research.

The AMA applauded the president's willingness to consider medical liability reform to rein in frivolous lawsuits and help reduce health care costs.

"Medical liability reform is critical as every American pays the price for high medical liability costs," AMA President Cecil B. Wilson, MD, said.

The AMA also is pleased that President Obama acknowledged certain improvements that can be made to the Affordable Care Act, including eliminating the burdensome 1099 reporting requirement for small businesses. The U.S. Senate voted to repeal the requirement this week.

"We will continue to work with members of Congress from both sides of the aisle and the administration during the implementation phase of this new law to ensure the best outcomes for patients and physicians," Dr. Wilson said.

Visit <http://www.whitehouse.gov/state-of-the-union-2011> to watch President Obama's State of the Union address.

Visit <http://www.ama-assn.org/ama/pub/news/news/state-of-union-response.shtml> to view the AMA's full statement on the State of the Union address.

#### **4. AMA president talks health care innovations on MSNBC**

AMA President Cecil B. Wilson, MD, shared his thoughts about the daily advances made in health care on MSNBC's *Dylan Ratigan Show* on January 26. This particular taping, part of Ratigan's "Innovation in Healthcare" series, was broadcast live at the Mayo Clinic in Rochester, Minn.

With a focus on the Mayo Clinic and how its health and business models are attracting broader attention for "doing things right," Ratigan asked Dr. Wilson how to get a Mayo Clinic in every community.

"In the end, it's teamwork," Dr. Wilson said. "It's the patient first and it's physician led."

Visit <http://www.msnbc.msn.com/id/21134540/vp/41280120> to watch Dr. Wilson's interview.

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**FEDERATION NEWS**

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## **5. New study finds lack of competition among health insurers**

The vast majority of commercial health insurance markets in the United States are dominated by one or two health insurers, according to a newly updated analysis released this week by the AMA.

The 2010 edition of “Competition in Health Insurance: A Comprehensive Study of U.S. Markets” found that 99 percent of health insurance markets in the United States are “highly concentrated,” based on the 1997 Department of Justice and Federal Trade Commission Horizontal Merger Guidelines. This indicates a significant absence of competition among insurers. In 48 percent of metropolitan statistical areas, at least one insurer had a market share of 50 percent or more.

“The market power of health insurers places physicians and patients at a significant disadvantage,” AMA President Cecil B. Wilson, MD, said. “When insurers dominate a market, people pay higher health insurance premiums than they should, and physicians are pressured to accept unfair contract terms and corporate policies, which undermines the physician role as patient advocate.”

Visit <http://www.ama-assn.org/ama/pub/news/news/competition-health-insurers.shtml> to read more in an AMA news release.

## **6. Survey: Patients want physicians to lead their care, express confusion over qualification of health care professionals**

A new survey announced by the AMA shows that although 83 percent of those surveyed want a physician to have primary responsibility for their health care, many are confused about the qualifications of health care professionals.

The survey also finds that 87 percent of respondents would support legislation that requires health care advertisements to clearly designate the qualifications of the health care professional promoting their services. Federal legislation introduced January 26—the Healthcare Truth and Transparency Act of 2011—would help by prohibiting misleading and deceptive advertising by health care professionals. Several states already have enacted similar legislation, including Arizona, Illinois and California.

"A physician-led team approach to care, with each member of the health care team playing the role they are educated and trained to play, is key to ensuring patients receive high-quality care, and most Americans agree," AMA Board of Trustees member Rebecca Patchin, MD, said. "Patients deserve clear and accurate information to make informed decisions about who they choose to provide their care."

Visit <http://www.ama-assn.org/ama/pub/news/news/truth-in-advertising-survey.shtml> to view an AMA news release on the survey.

Visit <http://www.ama-assn.org/go/tiasurvey> to view full survey results. For more, AMA members and select Federation staff members can visit <http://www.ama-assn.org/go/tia>.

## **7. Free webinar to explore performance improvement CME as a driver of quality improvement**

The growing demands to demonstrate improvement in practice and outcomes has increased the need for initiatives that teach physicians how to assess their current practices and implement evidence-based and innovative interventions that lead to positive outcomes.

Join Nancy Davis, executive director of the National Institute for Quality Improvement and Education, from noon to 1 p.m. Eastern time February 23 for “Using performance improvement CME to drive continuous quality improvement.” Hosted by the AMA Physician Consortium for Performance Improvement™ (PCPI) as part of its Quality Improvement in Action webinar series, this webinar will teach participants how PCPI measures can be used to develop performance improvement continuing medical education to address gaps in care, how to redesign processes and systems of care and to fulfill American Board of Medical Specialties Maintenance of Certification® requirements and other reporting programs.

All physicians, other health care and quality improvement professionals, and national medical and state medical societies interested in designing and implementing performance-based measurement and improvement activities to transform care are welcome to participate.

Visit <https://cc.readytalk.com/cc/schedule/display.do?udc=onxyjmg51nk3> to learn more and register.

Visit <http://www.ama-assn.org/go/webinars-qualityinaction> for more information on the Quality Improvement in Action webinar series.

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## **PUBLIC HEALTH**

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## **8. Nation gets mixed grades on tobacco cessation, control efforts**

The federal government got all passing grades on tobacco cessation and control efforts, while only five states received all passing grades—and most outright flunked—in a report released last month by the American Lung Association.

State of Tobacco Control 2010 grades the federal government, the District of Columbia and all states on their tobacco control laws and regulations that were in effect as of January 1, 2011. The AMA is pleased to see progress at the federal level to curb tobacco use, but it is deeply disappointed by efforts at the state level.

“Despite tremendous progress over the last year, tobacco use is still the leading cause of preventable death in the United States,” AMA Board of Trustees member Carl A. Sirio, MD, said. “We encourage state governments to implement more tobacco prevention and smoking

cessation programs that will help Americans quit using tobacco and protect others from exposure to second-hand smoke.”

The AMA has evidence-based tobacco control policies, including support for smoke-free laws, tax increases and program funding, and encourages physicians to work with their local and state medical societies and lung associations to advocate for tobacco prevention and smoking cessation programs. E-mail Janet Williams of the AMA at [janet.williams@ama-assn.org](mailto:janet.williams@ama-assn.org) for more information on these policies.

Visit <http://www.lungusa.org/about-us/our-impact/top-stories/sotc-2011-states.html> to view the report.

Visit <http://www.ama-assn.org/ama/pub/news/news/ama-state-tobacco-control-report.shtml> to view the AMA’s statement on the report.

### **9. Surgeon general to highlight National Prevention Strategy during annual meeting on prevention and quality**

Hear from U.S. Surgeon General Regina Benjamin, MD, on the work of the National Prevention, Health Promotion and Public Health Council, created under the Affordable Care Act, during the annual meeting of the American College of Preventive Medicine, February 16-19 in San Antonio.

Dr. Benjamin will talk about the council’s National Prevention Strategy to be presented to Congress in March and opportunities for engagement by the preventive medicine community. Other featured speakers include:

- 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
- Glenn Steele Jr., MD, president and chief executive officer of Geisinger Health System

Visit <http://www.preventivemedicine2011.org/agenda.html> to learn more about the conference and to register.

### **10. New e-book assists physicians with designing their practice to meet the needs of their geriatric patients, office staff**

January marked the start of the first of the 79 million baby boomers who will be turning 65 in the coming years. A new e-book from the AMA—*Geriatric Care by Design*—highlights the unique needs of a physician practice’s aging patients through a design and practice management perspective. The e-book format features easy-to-implement ideas and templates that can help physicians make changes, both big and small, in their practice.

*Geriatric Care by Design* can help physicians successfully manage opportunities and challenges, such as accessibility issues, coordination of care and supportive office systems. Case studies and lessons learned from experts in both primary and specialty care provide information and clear insight on how to design an environment that meets the needs of physicians, patients and office staff.

Visit <http://amascb.pdn.ipublishcentral.com/product/geriatric-care-by-design> to learn more about *Geriatric Care by Design*.

Visit <http://www.ama-assn.org/go/ama-ebooks> to view this and other e-book titles from the AMA.

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## **ANNOUNCEMENTS**

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### **11. Resource helps physicians put prevention into practice**

With the passage of the Affordable Care Act (ACA), physicians now have more opportunities to ensure their Medicare patients receive preventive services. With that, the AMA created the new brochure, “Medicare preventive services: A new benefit for patients and physicians,” to help physicians and their team members assist patients in navigating Medicare coverage for preventive services. It can be used to:

- Understand when and which preventive services will be covered when providing specified preventive physical exams and wellness visits for patients
- Identify the recommended U.S. Preventive Service Task Force recommendations for preventive services
- Ensure that patients are informed and prepared to potentially pay additional costs for certain preventive services
- Clarify essential terms regarding the delivery of preventive services

It’s important to note that the ACA waives the deductible and co-insurance for selected preventive services; therefore, physicians can offer preventive services at a more affordable cost to the patient.

Visit <http://www.ama-assn.org/ama1/pub/upload/mm/433/cpt-medicare-ps.pdf> to view and download “Medicare preventive services: A new benefit for patients and physicians.”

### **12. As health system evolves, stay informed with *Health System Reform Insight***

Keeping pace with the new direction of the nation’s health care system can be difficult at times. That’s why the AMA developed *Health System Reform Insight*, an electronic newsletter that

helps physicians and medical students understand the Affordable Care Act (ACA), upcoming changes and challenges and what exactly these things mean to physicians and patients.

Distributed twice a month—every other Thursday—*Health System Reform Insight* has covered a wide range of topics since the introduction of the ACA, including federal funding to test medical liability alternatives, investments in disease prevention and wellness initiatives and legal challenges to the ACA.

Visit <http://www.ama-assn.org/go/insight> to view the latest issue on the Medicare Physician Compare website, as well as past issues.

### **13. *Virtual Mentor* looks at ethical challenges in community-based research**

From the fundamental question of what defines a community to the difficulty of securing truly informed consent from communities, the February issue of *Virtual Mentor*—the AMA’s online ethics journal—highlights and attempts to resolve some of the challenges associated with community-based research.

Community-based research pairs academic researchers with community partners to investigate topics that have health significance for the community. This research model grants both partners active roles in shaping the research, design and implementation. *Virtual Mentor*’s February issue takes a closer look at other challenges, including partner disagreement about the publishing of results and the “stepchild” status of community-based research in traditional academic systems of reward and tenure.

Visit <http://virtualmentor.org> to view the February issue.

The AMA encourages state and specialty medical societies to include a link to *Virtual Mentor* from their own websites to help spread the word to physicians about this online ethics journal. Send an e-mail to [virtualmentor@ama-assn.org](mailto:virtualmentor@ama-assn.org) with comments or questions.

### **14. In *American Medical News*: Meaningful use checks begin to arrive**

According to *American Medical News*, physicians at the Gastorf Family Clinic in Durant, Okla., were the center of attention for being the first doctors to collect bonuses under a federal incentive plan to encourage the use of electronic health records.

The two family physicians individually received real checks—technically, direct deposits into their bank accounts—for \$21,250 each, *American Medical News* reports. If things go according to plan and the Gastorf Clinic meets requirements for the next stages of meaningful use, it could be among the practices that collect up to \$63,750 per doctor during the next six years.

Visit <http://www.ama-assn.org/amednews/2011/01/24/bisc0124.htm> to view the full *American Medical News* story.

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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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