

# Rhode Island Medical Society Council

Meeting of Monday, February 2, 2009

## \*\*\*Meeting Highlights\*\*\*

**UnitedHealthcare's "PREMIUM DESIGNATION PROGRAM"** Many RIMS members received notification of their new UHC ratings recently. Members of the RIMS Council noted serious flaws in UHC's data and methodology. RIMS' legal counsel is analyzing whether UHC's program violates a RIMS-initiated Rhode Island law relating to tiered networks.

RIMS will meet with United on Feb. 9 and seek an appointment with the Health Insurance Commissioner, who is being kept informed.

**PAYMENT ISSUES** RIMS President Diane R. Siedlecki, MD, noted that payment imbalances are ingrained in the Rhode Island health care system and that institutions command a disproportionate share of the health care dollar. Rhode Island physicians have generally not aggregated to gain leverage for negotiation.

It is incumbent upon RIMS to remain proactive, pragmatic and opportunistic, as well as strongly reactive, as necessary, in working to improve the economic viability of medical practice in the state.

While the practice environment in Rhode Island remains challenging, a number of positive developments since 2002 are attributable to RIMS' advocacy.

**PRACTICE REVENUE** RIMS and the Connecticut State Medical Society are sponsoring two day-long seminars on June 1 and 2, one in eastern CT and the other in RI, by the same consultant RIMS brought to RI in March 2008, who got exceptional reviews. The topic is maximizing practice revenue.

**LOAN REPAYMENT FOR PRIMARY CARE PHYSICIANS** The Rhode Island Medical Society Foundation has received a generous grant from BCBSRI for physician loan repayment. RIMS Foundation Trustees are consulting with potential partners in the community (including the Rhode Island Foundation) to design and implement a robust program before mid-year.

**PROVIDER TAX LAWSUIT** Eighteen months' effort by RIMS' attorneys has culminated in a lawsuit filed against the state in late December. The suit challenges the constitutionality of the provider taxes as discriminatory, arbitrary and ambiguous. The ensuing process will consume several more months.

**POLITICAL ACTION** RIMS' legislative chair, Dr. Michael Migliori, has been appointed by the American Medical Association's Board of Trustees to a 2-year term on the board of the American Medical Political Action Committee (AMPAC), one of the oldest, largest and most effective PACs in Washington. The Council heard presentations on the importance of supporting AMPAC and RIMPAC.

**LEGISLATIVE SESSION** RIMS' 2009 legislative agenda includes measures relating to liability reform, prompt claims processing, retail clinics, loan forgiveness, mental health, patient safety, ACS' definition of surgery, insurance regulation, children's health and other areas.

Council members signed up to make "house calls" at the State House to elevate medicine's profile at the General Assembly again this year.

**BYLAWS AMENDMENT: PHYSICIAN ASSISTANTS** The Council voted to create a non-voting seat on the Council for a Physician Assistant. RIMS has welcomed PA's as Affiliate Members of the Society since 1978 and more recently as active participants in the Physician Health Program and the Public Laws Committee.

**PREAUTHORIZATION FOR IMAGING** The Rhode Island Chapter of the American College of Cardiology has won a concession from BCBSRI and its vendor, MedSolutions, under which nuclear cardiac imaging requested by a cardiologist will not be subject to denial. The national ACC and the American Society of Nuclear Cardiology weighed in on the RI discussion. Oncologists negotiated a similar "prior notification" concession from BCBSRI and Med Solutions last year.

Preauthorization requirements for imaging have been an active concern of RIMS since 2001. The issue has been a topic of every RIMS Council and Executive Committee meeting for the past 28 months.

**PRIMARY CARE** Discussions continue between representatives of RIMS and the RI Primary Care Leadership Council (PCLC) on the PCLC's proposal to meld the two organizations.

**HOSPITAL MERGERS** Spokespersons for the proposed Lifespan/Care New England merger will address the RIMS Council on April 6, 2009.

It is RIMS' position that state authorities should entertain no hospital mergers before coordinated statewide health planning is accomplished. Such planning is mandated by state law, but the responsible state entities are not in compliance.