

Rhode Island Medical Society Council

Meeting of Monday, April 4, 2011

Meeting Highlights

Lieutenant Governor Elizabeth Roberts addressed the Council, focusing on the federal Patient Protection and Affordable Care Act of 2010 and its progressive implementation in Rhode Island. As Chair of the Rhode Island Healthcare Reform Commission, Lt. Gov. Roberts is leading that implementation. She emphasized the need for physicians to provide clinical leadership in that process.

In response to questions, she suggested that expanding coverage will draw more people into medical homes for coordinated primary care, which in the long run will tend to offset some of the cost of covering more of the population.

She acknowledged that Rhode Island needs to be able to compete with other states for an adequate workforce of physicians and primary care professionals to meet rising demand. She said that Physician Assistants and nurse practitioners will play an increasingly important role. She suggested that the Health Insurance Commissioner's "Affordability Standards," which mandate that insurers gradually expand the proportion of their resources going to primary care, are one effective strategy for maintaining workforce capacity and patient access to primary care. With regard to subspecialty care, she suggested that some resources may have to shift from institutions to doctors in order to maintain adequate patient access.

She stated that the current political environment in Rhode Island is not conducive to achieving liability reform and that hospital and medical professional liability premiums account for only a small percentage of overhead in the system anyway, though she conceded that the threat of tort litigation drives up utilization. She suggested that the way to address the liability issue is "not just changing the rules for lawyers" but improving the way we deal with medical errors and the way we regulate liability insurers.

She acknowledged that patients need to be encouraged to take greater responsibility for their own health. She cited UnitedHealthcare's incentives for state workers as an effective example of such encouragement.

She said that Rhode Island has achieved a relatively high level of transparency with regard to the finances of hospitals and health insurers, but that the economics of private physician practices remain relatively opaque and are poorly understood by the public. She predicted that coming changes in the reimbursement system will tend to diminish the viability of small medical practices over time and encourage aggregation and integration, which, in turn, may present opportunities to enhance care coordination and overall efficiency.

She emphasized her continued openness and availability for dialogue.

Accountable Care Organizations Attorneys Jeffrey F. Chase-Lubitz and Kelly McGee of Donoghue, Barrett & Singal presented a distillation of CMS' "Proposed Rule" on ACOs. The Rule was released on March 31. Their presentation included: who is eligible to form an ACO; the permissible governance structures of an ACO; how savings and

losses are to be shared between CMS and ACOs; how quality is to be measured and reported; and how federal watchdogs (Federal Trade Commission, Dept. of Justice, CMS, IRS, Office of Inspector General, HHS) will provide ACOs room to maneuver around existing antitrust, private inurement and anti-kickback/self-referral prohibitions.

RIMS is providing a ACO seminar for members on Thursday evening, April 14, 7-9 p.m., at the Crowne Plaza, Warwick, with two distinguished attorneys provided by AMA. Electronic registration for the seminar will open tomorrow.

Legislative agenda Dr. Migliori provided an update on the progress of RIMS' legislative agenda for 2011, which includes measures relating to medical professional liability for physicians, physician assistants and hospitals; a bill to promote transparency of the medical professional liability insurance industry; a bill to reduce the prior authorization burden on medical offices; and bills to promote public health with regard to tanning salons, sugary beverages, seat belts, ignition interlocks and tobacco. In addition, RIMS is seeking repeal of the medical provider taxes and enactment of tax credits for physicians who provide on-call emergency services.

On March 24, the House Judiciary Committee held a hearing RIMS' bill to make physicians' benevolent gestures to patients ("I'm sorry") inadmissible as evidence in liability suits. Four physicians (Drs. Mike Migliori, Nitin Damle, Alyn Adrain and Elaine Jones) and two medical students (Reshma Ramachandran, Steve Lee) presented coordinated testimony in support of RIMS' bill.

President's Report Dr. Bubly provided updates on RIMS' advocacy relating to prior authorization requirements, physicians' rights, service on state commissions, and the significant economic contribution of private medical practices to the economy of Rhode Island.

He also reported on the AMA National Advocacy Conference (February 2011 in Washington, DC), RIMS' testimony on the Health Department's budget, and the search process for a new Director of Health.

Specialty reports The Council heard reports from Dr. Jennie Muglia representing the RI Dermatological Society, Dr. Stephen Saris representing the RI Neurosurgical Society and Dr. Norman Gordon representing the RI Neurological Society.

The RI Medical Women's Association will recognize Dr. Marlene Cutitar as RI Woman Physician of the Year at RIMWA's annual meeting on May 3.

American Medical Association Terri Marchiori, Director of Federation Relations for the AMA, was a guest at this meeting. She briefed the Council on AMA's current strategy to achieve final elimination of the flawed SGR formula that threatens Medicare payments starting January 1, 2012.

Recognition of RIMS by the ACCME By acclamation, the Council congratulated Dr. Patrick Sweeney, Chair of the RIMS CME Committee, upon another four-year recognition by the national Accreditation Council for Continuing Medical Education. This is the fifth time in a row that RIMS has received the maximum recognition for the high quality of the accreditation services it offers to all hospitals in Rhode Island.