



RHODE ISLAND

MEDICAL NEWS

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RHODE ISLAND MEDICAL SOCIETY
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Legislative wrap-up

The 2014 session of the Rhode Island General Assembly saw the introduction of 3,425 pieces of legislation, 555 of which became law. As every year, many bills were relevant to medicine and health care, including several that were initiated by RIMS.

The Medical Society's Public Laws Committee, chaired by Dr. Michael Migliori and assisted by RIMS Director of Government Relations Steve DeToy, reviewed hundreds of bills and prioritized many for support, opposition or monitoring.

The following are the most important health-related measures that were successfully enacted this year and are now state law.

E-cigarettes

Your Rhode Island Medical Society took the lead in working with Senate leadership to fashion legislation to prohibit the sale of "electronic nicotine delivery systems" to persons under the age of 18. The Tobacco Free Rhode Island coalition, of which RIMS is a member, has advocated for such a law for two years. This year's bill began to stall when the coalition fractured between the perfectionists and the pragmatists. Rather than let another legislative session slip away without action on this issue, RIMS threw its support behind the bill offered by Senate Majority Leader Dominick Ruggerio (D-North Providence), which has now become law. RIMS member Patricia Nolan, MD, provided invaluable guidance and support to RIMS in discussions with the Senate leadership.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14223.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14182.htm>

Prescription Drug Monitoring Program

Introduced by RIMS, this new law requires all holders of a Rhode Island Controlled Substances Registration or DEA numbers to register to use the state's Prescription Drug Monitoring Program (PMP). The law also permits CSR holders to delegate responsibility for

querying the PMP. RIMS deemed this approach (registration and delegation) preferable to the Health Department's approach, which was to mandate that all doctors document their use of the PMP data base in every instance of prescribing any opioid for any patient.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14048.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14055.htm>

Mental Health Parity

Patricia Recupero, MD, JD, spearheaded RIMS' support for a strong new law that requires health plans to provide coverage for the treatment of mental health and substance use disorders under the same terms and conditions as other afflictions. Rhode Island has for twenty years been a national leader in advancing mental health parity. The new law builds on Rhode Island's first-in-the-nation parity act of the mid-1990s. It requires hospitals to amend their discharge plans and transition processes to address the needs of patients with opioid and other substance use disorders. It directs the Department of Health to develop and disseminate to all hospitals, health care clinics, urgent care centers, and emergency room diversion facilities a model discharge plan and transition process for patients with opioid and other substance use disorders. The act amends the existing mental health and substance abuse laws and mandates coverage for medication-assisted therapy, including methadone.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14130.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14108.htm>

The Rhode Island Access to Medical Technology Innovation Act

RIMS strongly opposed this bill, working closely with the RI Orthopedic Society and the RI Gastroenterology Society to defeat it. RIMS members Steven Blazar, MD, and Richard Terek, MD, spear-headed these efforts, which were ultimately unsuccessful. *continued page 14*



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The Rhode Island Medical Society
was founded in 1812 to promote
the art and science of medicine.
RIMS is the eighth oldest state
medical association in the country.

The Medical Society also
publishes a monthly magazine,
Rhode Island Medical Journal.
Current and archived issues are
available at www.rimed.org.

LETTER FROM THE PRESIDENT



ELAINE C. JONES, MD
PRESIDENT

Insights from my Presidency with RIMS

Given the rapid and dramatic changes in health care nationally and locally, I have grown to have a greater appreciation for the work that our Rhode Island Medical Society performs on behalf of

physicians and our patients. Health care has necessarily become more of a business, but we can't allow the business of medicine to overshadow our role in health care, which is to promote health. I have sat in many meetings with regulators, insurers, legislators who are making decisions that will impact our practices and our patients. It is clear to me that without steady physician representation (whether in the form of volunteer physicians or RIMS staff), there are many instances where the ramifications could have been disastrous.

We are all familiar with insurers inserting themselves in the exam room, with regulators micro-managing our clinical decision making, and with legislators finding new ways to make managing our practices less rewarding. The process of creating the state's health insurance exchange, HealthSource RI, provided clear examples of the importance of RIMS' vigilance and involvement. Beth Lange and I served on the "Expert Advisory panel." As insurers talked about cost and hospital CEOs talked about their issues, we were able to redirect the focus to patients and their needs. Now that the exchange is a reality, medicine continues to be heard at every HealthSource RI board meeting, where we are represented by Peter Howland, MD.

While not everyone can get involved at that level, each of us has a role to play. What we ask of every physician is easy and painless and amounts to nothing more than the obligations of good "medical citizenship" (to borrow the coinage of RIMS Past-President Ric Christian). These are simple things, but they are especially powerful when we physicians do them consistently: **Support** the Medical Society with our membership. **Respond** when RIMS asks us to **contact** our state legislators, the Governor, our representatives in Congress, the Director of Health, etc. **Vote** every election day and build a track record of consistent participation in elections. **Know** who our state senators and representatives are and exploit opportunities to grab their attention and develop relationships with them (not only when we are asking for something). **Remember** that campaign and election season is prime time for such relationship-building! **Leverage** our status as physicians to be leaders in our communities. **Support** RIMPAC and AMPAC. It is true what they say: "If you are in medicine, you are in politics – like it or not."

We need input from physicians as well. Not only RIMS officers and Councilors, but very importantly all RIMS members are the eyes and ears of the Society. If there is something in your practice that bothers you, reach out and let RIMS know. When you like or dislike something we have done on your behalf, send us a quick email or make a call. RIMS magnifies your voice and directs attention, its own and others', to your concerns to improve the system and enhance the care our patients receive.

I have enjoyed my time as President and look forward to continuing to serve our profession by staying involved and practicing good medical citizenship. ❖

Healthcentric Advisors (formerly Quality Partners) wins first-ever all-New England federal contract worth \$53.4 Million over 5 years

When RIMS founded Rhode Island Quality Partners in 1995 under the leadership of Barbara Schepps, MD, then-President of RIMS, the Medical Society drew upon the advice and support of Qualidigm, which was already a well-established quality improvement organization headquartered in Middletown, CT. The collaboration with Qualidigm was critical to improving RIMS' chances of success in launching Quality Partners.

And successful it was. The young organization not only won the competition for the Medicare contract to be the Professional Review Organization (PRO) for the State of Rhode Island; it also proceeded to grow, thrive and establish a national reputation for itself in the field of quality and safety promotion in healthcare. Had RIMS and Quality Partners failed in their gamble back in 1995, an out-of-state organization would have won the Rhode Island contract and might well still have it today.

Now known as Healthcentric Advisors (HCA), RIMS' offspring has again collaborated with Qualidigm in a high-stakes competition, and once again it has come up a big winner. In mid-July, the Centers for Medicare & Medicaid Services (CMS) announced that HCA was the successful bidder to become the lead QIO and QIN (Quality Innovation Network) for all six New England states. The new contract is worth \$53.4 million over five years. (Previous CMS contracts, each known as a "Scope of Work," have always been three years in duration.)

The change is part of CMS' initiative, long discussed and finally announced in December 2013, to consolidate its state-by-state QIO contracts into multi-state contracts, each covering three to six states. Now, instead of administering 53 contracts in the 50 states, the District of Columbia, Puerto Rico and Guam, CMS henceforth has just 14 contractors.

As the contractor for Rhode Island, Connecticut, Massachusetts, Vermont, New Hampshire and Maine, Healthcentric Advisors has engaged its long-time partner Qualidigm as a subcontractor. Healthcentric Advisors will focus its efforts on Maine, Massachusetts and Rhode Island, while Qualidigm will focus on Connecticut, New Hampshire and Vermont. Healthcentric Advisors and Qualidigm will work to reduce infections, readmissions and medication errors; improve care for residents of nursing homes; support medical practices in their use of health information technology; promote prevention; reduce the incidence of cardiac disease and diabetes; reduce health care disparities; and improve patient and family engagement. The contract period runs from August 1, 2014, through July 31, 2019.

The new QIN-QIO contracts represent the second phase of the federal government's restructuring of the national QIO program. The previous functions of QIOs are now split into two separate contract structures. Medical case review and appeals will be performed by two Beneficiary Family Centered

Care QIOs (BFCC-QIO), while Quality improvement and technical assistance will be provided by fourteen QIN-QIOs.

QIN-QIO contract awardees are charged by CMS to improve the quality, effectiveness and value of healthcare through education, technical assistance, data analytics and best practices. QIN-QIOs will also be working to engage patients in their own care.

"This award on the part of CMS acknowledges the positive role Healthcentric Advisors has played in improving the quality and safety in Rhode Island. Our state will continue to be a national model for healthcare transformation initiatives," said John Keimig, president and CEO of Healthcentric Advisors.

Said Newell Warde, Executive Director of RIMS, "This latest success on the part of Healthcentric Advisors is the result of an intense effort by a lot of good people there over the past eight months. But more significantly, it reflects the leadership that HCA has demonstrated in promoting quality and safety for nearly two decades and the strong reputation HCA has earned well beyond the borders of Rhode Island. RIMS is very proud of its daughter." ❖

Not Your Father's RIMS Annual Meeting

RIMS makes a clean break with tradition on September 27

RIMS members are invited to schmooze, graze and relax with colleagues at the Squantum Association in Riverside on Saturday evening, September 27. The event will offer good food and good company in a classic setting. The ever-popular Bebop Docs will entertain. There will be no sit-down dinner, but outgoing President Elaine Jones, MD, promises ample nourishment and (almost) no program as we celebrate another year and inaugurate RIMS' new leadership team:

Peter Karczmar, MD President
Russell Settignano, MD President-Elect
Sarah Fessler, MD Vice President
Jose Polanco, MD Treasurer
Bradley Collins, MD Secretary

Invitations with full details (and lower prices!) will be arriving in the mail soon.

The Sunshine Act: What physicians need to know

August 27 is the deadline for disputing errors before your data goes public

Starting this month, federal law requires manufacturers of drugs and medical devices to report annually to CMS all things of value they give to doctors and teaching hospitals. Most of the information reported is destined to end up on a public, searchable website by September 30, 2014. Physicians have the right to review the information before it is published and to challenge anything that is false, inaccurate or misleading.

CMS is in charge of implementing the Sunshine Act, which in CMS parlance is called the "Open Payments Program" or the "Open Payments System."

Physicians should take the following three steps to exercise their rights and prepare for the data release:

1. **Complete the e-verification process** as required by CMS. Go to <https://portal.cms.gov/> and find the blue

box at upper right labeled "Login to CMS secure portal." Below that you should find and click on "New User Registration." The registration process involves several steps but is fairly straightforward.

2. **Register with the CMS "Open Payments" system.** Having completed the first step above, you now have access to the Enterprise Identity Management System (EIDM), where you register your EIDM credentials for the Open Payments System.
3. **By Wednesday, August 27, request and review your data,** and, if necessary, report errors to CMS. August 27 is the last day to dispute problematic data, which will then be marked as "disputed" by you when the information becomes public on September 30. (CMS will not resolve disputes, only

flag them. However, the Open Payments System includes a feature for reporting errors to manufacturers. In addition, most manufacturers' websites now include an Open Payments feature that enables physicians to report errors directly to the manufacturer.)

Another important date to keep in mind is December 31, 2014, because that will be the deadline for disputing any problematic data that may be made public on September 30. Physicians can still dispute data after the August 27 deadline up to December 31, but disputes submitted after August 27 will not result in any data being flagged until the next public data release, which will take place in 2015.

The AMA provides excellent information and advice for physicians in its "Sunshine Act toolkit" www.ama-assn.org/go/sunshine. ❖

Election year 2014

On November 4, 2014, Rhode Islanders will elect a new Governor, a new Lieutenant Governor, a new Secretary of State, and a new General Treasurer. Change is also possible in the Office of the Attorney General, where the incumbent faces a significant challenge. All of these offices are important, but offices of governor, lieutenant governor and attorney general are of particularly vital importance from the perspective of RIMS and its members for the direct and powerful influence they can exert on the evolution of health care in Rhode Island.

The race for governor is especially competitive this year, with three strong Democratic candidates and two evenly matched Republican candidates facing off in primary elections on September 9. Whatever the ultimate outcome in November, chances are good that Rhode Island will establish an historic milestone, electing either its first Asian-American, first Latino or first woman governor.

General Assembly outlook In contrast to the statewide offices, little turnover is likely in the General Assembly, where 50% of the seats are uncontested in either the primary or general election; another dozen seats will be decided on primary day, with the winners facing no opponent in the November general election.

A few open seats have been created by retirements: two in the Senate and six in the House. Some of these General Assembly retirees are seeking higher elective office: Republican Senator Dawson Hodgson is running for Attorney General, and Representative Frank Ferri is one of the contestants in the Democratic primary for Lieutenant Governor.

The role of RIMPAC The Rhode Island Medical Political Action Committee (RIMPAC), chaired by Michael Silver, MD, has been very active during this election cycle, contributing to 40 selected General Assembly campaigns to date and to the gubernatorial contest. RIMPAC will make more contributions after the primaries. A list of RIMPAC contributions is available at www.rimed.org

RIMPAC does not participate in federal campaigns, but it does routinely advise the American Medical Political Action Committee (AMPAC) on support for Rhode Island congressional candidates. This year RIMPAC asked AMPAC to support the three incumbents who are seeking re-election: Senator Jack Reed and Congressmen David Cicilline and James Langevin. (A portion of every contribution RIMPAC receives is shared with AMPAC; however, in every election cycle, the support AMPAC channels to Rhode Island congressional candidates always exceeds what has flowed from Rhode Island to AMPAC. RIMS Past President and current Public Laws Chair, Michael Migliori, MD, has served on AMPAC's national Board of Directors for several years.)

RIMPAC and AMPAC make it easy and painless for physicians to be visibly and meaningfully engaged in the political process, locally and nationally, without assuming the personal burden of doing political and legislative research. RIMPAC draws upon the insights gained through RIMS' constant presence in the halls and hearing rooms of state government for guidance in allocating its support to deserving candidates.

In addition to direct political action, RIMPAC provides an important framework for Rhode Island's several medical PACs to coordinate their activities and ensure that medicine's political

UnitedHealthcare resumes trimming its MA networks elsewhere

United also owes nearly \$50K in premium refunds to Rhode Island customers

In the fall of 2013 it was Rhode Island, Connecticut, Florida, New York, New Jersey, Ohio and a few other states that were on the block. This summer UnitedHealthcare is cutting its Medicare Advantage networks in Massachusetts, Alabama, Georgia, North Carolina and Tennessee. The pattern is familiar: the terminations are “not for cause,” and no information is provided regarding the criteria for termination or the numbers terminated.

The Massachusetts Medical Society reports that between 2 and 4 percent of physicians in United’s Medicare Advantage network in the Commonwealth will be cut by September 1, but none will be cut in Boston or Middlesex. The Medical Association of Georgia estimates that 10 percent will be cut

effective September 1. The Tennessee Medical Association says 500 doctors will be cut by August 15. While United itself continues to withhold comment, press reports have suggested that the company’s goal is to trim the networks by 10 percent to 15 percent.

The Rhode Island Medical Society, the American Medical Association and 79 other medical groups have urged Congress and CMS to take action to protect physicians’ rights to due process and protect elderly patients from losing their physicians.

United owes refunds to Rhode Islanders Meanwhile, the U.S. Department of Health and Human Services reported at the end of July that under the patient protection provisions of the Affordable Care Act, UnitedHealthcare

owes refunds totaling \$48,696 to 710 of its large-group customers in Rhode Island. The refund is triggered by United’s failure in 2013 to meet the Act’s Medical Loss Ratio requirement. Federal law now requires health insurers to pay out at least 80 percent of what they collect in premiums to cover patient care, and limit administrative and other non-patient expenditures to no more than 20 percent of premium collected.

According to the *Providence Business News*, United was the only health insurer in the Rhode Island market to owe refunds for 2013 under the ACA’s 80/20 rule. ❖

voice is coherent and magnified.

RIMPAC’s participation in state-level elections depends upon the voluntary, annual personal contributions of Rhode Island physicians and physician assistants. Physicians can support RIMPAC by mailing their personal checks or credit card information to RIMPAC, c/o Rhode Island Medical Society 235 Promenade Street, Suite 500, Providence, RI 02908. Contributions can also be made conveniently online at www.rimed.org.

Importance of the physician vote It is vital that RIMS’ legislative efforts be supported by the active voting behavior of Rhode Island physicians who turn out reliably in primary and general elections and are otherwise visibly engaged in the political process. Candidates on all levels pay close attention to who votes in their elections and in their districts. (Remember: who we vote for is our personal secret, but whether we vote becomes a matter of permanent public record.)

Physicians in general, unfortunately, have a less than stellar track record when it comes to voting. Some physicians feel antipathy toward politics in all its forms, considering it venal, demeaning, frustrating and futile. As an antidote, AMPAC’s John W. Poole, MD, reminds colleagues, “Like it or not, if you are in medicine, you are in politics.” At all levels of American society, the allocation of scarce resources is decided through political competition; it follows that political engagement is part of physicians’ obligation to their patients. The Principles of Medical Ethics exhort physicians to “recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.”

This year Rhode Island physicians owe it to themselves to

mark their calendars for the Rhode Island primary elections on September 9 and the general elections on November 4, and plan to get to the polls.

How to vote in Rhode Island’s primary elections on September 9

State residents who are registered as Democrats or Republicans may vote in their own party primary. Unaffiliated voters may vote in either primary by choosing to affiliate, either briefly or permanently, right at the polls. If they wish (and most do), they may immediately disaffiliate again on their way back out of the polling place. It’s quick and easy.

Voter turn-out in primary elections is traditionally light; as a consequence, a very few votes can make a world of difference, and weird things can happen – for better or worse.

Information on the locations of polling places for each election is always available on the website of the Secretary of State: www.sos.ri.gov/elections.

RIMS supports members’ engagement The Medical Society itself routinely supports RIMS members in their personal enthusiasms for particular candidates of their own choosing, whether local, municipal, state or federal. In particular, RIMS gladly helps members organize fundraising events for their favorite candidates. RIMS’ assistance to its members is non-partisan and non-discriminatory; the objective is to encourage and support political engagement by physicians, not to direct it. RIMS firmly believes that physicians, participating in sufficient numbers, can help heal American politics.

Interested RIMS members should contact RIMS Director of Government Relations and Public Affairs, Steve DeToy, sdetoy@rimed.org. ❖



Notes on the Annual Meeting of the AMA House of Delegates

Chicago, June 7 – 11, 2014

PETER A. HOLLMANN, MD
RHODE ISLAND DELEGATE

The AMA annual meeting of the House of Delegates took place in Chicago June 7–11, 2014. In attendance from Rhode Island were Delegates **ALYN ADRIAN, MD**, and **PETER HOLLMANN, MD**, RIMS President **ELAINE JONES, MD**, ACP Delegate **YUL EJNES, MD**, and American Academy of Psychiatry and the Law Delegate **BARRY WALL, MD**. RIMS staff **STEVE DETOY** and **NEWELL WARDE, PhD**, kept us organized and used this event to network on our behalf. The Medical Student Section met just before the House, and Warren Alpert Brown University student **GRAYSON ARMSTRONG, MD'15**, was elected Section Chair. Grayson also sat as a Rhode Island Alternate Delegate. Regional Medical Student Delegate Jason Bowman from Brown represented the students of our New England and New York region.

MICHAEL MIGLIORI, MD, past RIMS delegate and current AMPAC Board member, attended his last meeting as an AMPAC Board member. His long service to the House demonstrated the remarkable leadership a small state can provide. Newell Warde presided over his last meeting as Chair of the Litigation Center, a post he has held for the past four years; the Center has provided great assistance in our efforts to overturn the provider tax in Rhode Island.

The meeting could be summed up in two primary ways: a lot of useful work got done, and there was not a lot of controversy.

The scope of AMA activities of AMA is very broad. The House of Delegates process digests input from a broad representation of the medical community on all aspects of medicine, medical education, medical ethics, payment, regulation and public health. Even when a dysfunctional Congress stymies resolution of the SGR, the AMA is there to represent us on matters as diverse as compounding drugs in the Operating Room to assessing the impact of resi-

dent work hours, to keeping payments based on the true costs of practice. They bring together experts and leaders on every important subject. The meeting is full of reports and policy revisions, all made possible by the hard work of AMA Council members and the exceptional AMA staff. Policy suggestions from individuals, states and specialties get a thorough review and vote in this remarkably democratic process.

Of course, democracy can be messy and frustrating at times. The news about the assessment of care and delays in the VA system was breaking at the time the House met, and it was voted that access should be immediately expanded so that care could be paid through other mechanisms, i.e. making the VA benefit more insurance than a right to use VA facilities. The Administration approved such a plan that same day, so it probably was in the works before the House voted it. The cynic in me resented chest thumping individuals who spoke of heroism and a right to care, when down deep I felt some of those folks would never accept Tri Care or provide care at low payment rates, the likely reality of such an expansion, and were really just taking cheap shots at the President.

But democracy can also be awe inspiring. The same discussion featured people who honestly appraised the situation and had long provided dedicated service to veterans. In another vote, when there were back door maneuvers to tie the AMA Washington Office's hands by insisting on strict adherence to pay-for-performance principles in achieving an SGR fix, our House had the wisdom to see the folly in this and reaffirmed the principles while leaving room for our staff to support compromise. The AMA House understands serving the public and the profession requires finding common ground, even if the US House of Representatives seems to see it another way.

Maintenance of Certification and Maintenance of Licensure

– These are two distinct concepts. Maintenance of certification should serve as one mechanism to demonstrate continued competence for licensure, but it should not be the only mechanism for that. The AMA is working with the Federation of State Medical Boards to promote a fair process that addresses public concerns and professional standards. The AMA is working with the American Boards of Medical Specialties for accurate representation of the qualifications of those with life-time certification.

Team Care – Several activities promoted the use of multi-disciplinary teams while assuring the central role of physician leadership.

Insurance and Payment – Policies were established in the following areas: providing maternity coverage for those 26 and under who are on the parent's policy and covering the newborns for a minimum period of time; promoting advance notice of formulary changes; basing payments on true resource costs, not just by site of service; defining policies for the appropriate use of new electronic communication technologies that can improve access and efficiency, including requiring licensure in the state where the patient is when using such technologies and setting expectations around care coordination. Policy was further established that major revaluations of the Medicare Physician Fee Schedule should be announced and receive comment in the July proposed rule, not in November, which is only 60 days before they become effective without comment. Also, exchange insurance products must not leave physicians in the position of collections (potentially for high cost items such as drugs administered) due to retroactive coverage cancellations for failure to pay premiums.

Organizing and stream-lining AMA policy

Many complex topics have become a patchwork quilt of AMA policy over the years. The various Councils have been doing the tedious but important work of policy maintenance and integration. The House of Delegates as a whole must approve such work. Having a coherent policy database has practical importance for Rhode Island, because RIMS, like other state societies, relies heavily upon AMA policy in responding to legislative initiatives in the State House and to payer and regulatory actions locally.

The AMA House elected Dr. Steven Stack, a young emergency medicine physician, as its President-Elect. Dr. Stack is well known to us in Rhode Island, having served as faculty for RIMS' Campaign School.

ROBERT WAH, MD, was installed as the 169th President of the AMA. Dr. Wah has been a national leader



Robert Wah, MD, at the House of Delegates meeting in Chicago in June, was installed as the 169th President of the AMA

in helping physicians use electronic records to improve care. He trained in Reproductive Endocrinology and served the Navy in important patient care and administrative capacities. Both Drs. Stack and Wah bring a remarkable blend of energy, dedication, analytic capacity, strategic thinking and communication skills to their offices.

The House also called for stricter regulation of e-cigarettes, numerous improvements in health information technology (especially EMRs), measures to ensure safety and privacy as tele-medicine expands, and took a host of other actions. In fact, you can be quite sure that whatever you care about most came up in one form or another. The AMA is truly working effectively and with focus, even as so many diverse issues confront us and our patients.

Please learn more by going to the AMA website: ama-assn.org. Please also renew your membership or become a member of this organization, which best represents us all regardless of specialty, region or practice type. Let your AMA delegation and RIMS leaders know what matters most to you by emailing your AMA delegation at amadelegationri@rimed.org. ❖

THE AMA IS HERE.



Promoting health insurer transparency

The American Medical Association is proud to help the Rhode Island Medical Society in supporting legislation that increases transparency in the health insurance marketplace. Physicians should expect insurers to honor the terms of their contracts, and patients need to make informed decisions about their care to maximize the value of their health care dollars.

The AMA and the RIMS support you in the state house, the courthouse and in your practice. Working together with the RIMS, the AMA will continue to make a difference.

Be a part of it.


ama-assn.org/go/memberadvocate



**RHODE ISLAND
MEDICAL SOCIETY**

The AMA thanks Steven R. DeToy, RIMS Director of Public and Government Affairs (and chair of the AMA ARC Executive Committee) for working together with the AMA to ensure the best outcomes for patients and physicians.

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Rhode Island winners nationally recognized again



Rhode Island Tar Wars Poster Contest winner Jaime Rampone from Lincoln Central Elementary with her winning poster. She went on to earn Special Recognition in the national contest in Washington, DC.

The Rhode Island Medical Society celebrated the culmination of its 21st Tar Wars® State-wide Poster Contest on Saturday, May 10, at Mary Fogarty Elementary School in South Providence. In attendance with their families were all 54 winners, one from each of 54 middle and elementary schools throughout the state where Tar Wars contests were completed this year (see accompanying list of schools).

This year's Rhode Island champion, Jaime Rampone from Lincoln Central Elementary School, went on to earn Special Recognition in the national contest held in Washington, DC, in July. Jaime's poster featured a soccer theme with the message "Make a Goal for a Tobacco Free Life."

Competing in the new category for video, Rhode Island winners C. J. Coppola, Danny Prior, and Will Foster of the James Eldredge Elementary School in East Greenwich went on

to take second place nationally and collected \$200 in prize money in Washington.

RIMS extends warm thanks to the 65 volunteers (see accompanying list), including 20 medical and nursing students, who visited the schools, presented the Tar Wars curriculum and supervised the 54 poster competitions.

Many thanks are also in order to the Rhode Island Academy of Family Physicians, the Rhode Island Chapter of the American Academy of Pediatrics, the Rhode Island Medical Society Foundation, and the Mary Fogarty School. Particular thanks are due to those who had the challenging task of judging the May 10 event: they were RIMS President Elaine Jones, MD; Roanne Osborne-Gaskin, MD, Board Chair of the Rhode Island Chapter of AAFP; and Channel 10 news anchor Barbara Morse Silva.

Finally, special recognition goes to **ARTHUR FRAZZANO, MD**, who has served as Rhode Island chair of the Tar Wars program since the inception, and who each year presides over the selection of the statewide champion.

The Rhode Island judges know how to pick winners. Twice in the last three years Rhode Island's champion has taken first place in the National Tar Wars Poster Competition in Washington, DC. In 2013, Kinjal Gupta from Metcalf Elementary School in Exeter won in Washington. In 2011, Alana McGuinness from St. Mary's Academy Bay View took the top honors nationally.

Second place in this year's Rhode Island competition went to Ariana Alexandre from F. J. Varieur School in Pawtucket; she received a \$75 VISA gift card. Third went to Alaina Minarik from Hamilton Elementary School in North Kingstown; she received a \$50 VISA gift card.

Developed by the American Academy of Family Physicians (AAFP), Tar Wars is a tobacco education program that helps adolescents avoid involvement with tobacco. It mobilizes health care professionals to educate and motivate students to think critically about tobacco advertising, resist peer pressure and make responsible choices for their long-term health and well-being. Each year, more than 3000 Rhode Island elementary and middle school children participate in the Tar Wars program. ❖

2014 Tar Wars Presenters

Tracy Bardsley, RN
Nathan Beraha, MD
Jeffrey Borkan, MD
Douglas Blake, MD
Bonnie Braga
Michael Chen-Illamos, MD
Robert Closter
Thomas Crain, MD
Karen Dalton
Suzanne DeLaMonte, MD
David Dick, MD
Joseph Espat, MD
Keivan Ettetfagh, MD
Justin Etter, MD
Michael Fine, MD
Arthur Frazzano, MD
Janis Furlong
Lauren Goddard, MD
Alla Goldburt, MD
Arnold Herman, MD
Peter Hollmann, MD
Elizabeth Jasolosky, MD
Peter Karczmar, MD
Vania Kasper, MD
Martin Kerzer, DO
Christopher Klaus, MD
Elizabeth Lange, MD
Anthony Lombardi, Jr., MD
Thomas Meehan, PA-C
Victoria Miller, PA-C
Robert Naparstek, MD
Martin Papazian, MD
Herb Rakatansky, MD
Michelle Ristuccia, PA-C
Tina Rizack, MD
Danielle Robbins, PA-C
Renee Rulin, MD
James Schwartz, MD
Liz Sherman, Physical Therapist
Russell Settipane, MD
John Solomon, MD
Patricia Soscia, MD
Greg Steinmetz, MD
Susanne Thayer-Kramers, PA-C
Raymond Zarlengo, MD

Brown University Medical Students

Jara Crear
Brittany Katz
Sophia Lin
Zachary Marcus
Gretel Terrero
Shirou Wu

URI and Rhode Island College Nursing Students

Janelle Amoako, URI
Kim Coelho, RIC
Ashley Johnson, RIC
Alison Lambert, RIC
Kathryn Lavall, RIC
Soujanya Narisety, RIC
Nick Peret, RIC
Alyson Thurber, RIC

2014 Tar Wars Statewide Contest Participating Schools

A.B. Hennessey Elementary, East Providence
 Agnes Little School, Pawtucket
 Arlington Elementary School, Cranston
 Blackrock Elementary, Coventry
 Calcutt Middle School, Central Falls
 Central Lincoln Elementary
 Clayville Elementary, Clayville
 Eden Park School, Cranston
 Eldredge Elementary, East Greenwich
 F.J. Varieur School, Pawtucket
 Fallon Memorial Elementary, Pawtucket
 Fishing Cove Elementary, North Kingstown
 Forest Park Elementary, North Kingstown
 Fogarty Memorial, North Scituate
 George Peters Elementary, Cranston
 Hamilton Elementary, North Kingstown
 Henry Barnard School, Providence
 Highlander Charter School, Providence
 Holliman Elementary School, Warwick
 International Charter School, Pawtucket
 Kingston Hill Academy, Saunderstown
 Lonsdale Elementary, Lincoln
 Mary Fogarty School, Providence
 Metcalf School, Exeter
 Monsignor Clarke School, Wakefield
 Narragansett Pier School
 North Scituate Elementary School
 Northern Lincoln Elementary
 Oaklawn Elementary School, Cranston
 Orlo Avenue School, East Providence
 Quidnessett Elementary, North Kingstown
 R.C. LePerche School, Smithfield
 Randall Holden, Warwick
 Rhode Island School for the Deaf, Providence
 Rockwell School, Bristol
 Rocky Hill School, East Greenwich
 Saylesville Elementary, Lincoln
 Sherman Elementary, Warwick
 St. Augustine School, Providence
 St. Mary's Academy Bay View, Riverside
 St. Paul School, Cranston
 St. Philomena School, Portsmouth
 Stadium School, Cranston
 Steere Farm Elementary, Pascoag
 Stony Lane School, North Kingstown
 The Community School, Cumberland
 The Learning Community, Central Falls
 The Pennfield School, Portsmouth
 The Wheeler School, Providence
 Wilbur McMahon School, Little Compton
 William D'Abate Elementary, Providence
 William Dutemple School, Cranston
 Winsor Hill School, Johnston
 Valley Day Program, Pawtucket



On May 10, 2014, RIMS volunteers gathered at the Mary Fogarty School in Providence to distribute bike helmets and safety materials to children ages 5–9 in the RiteCare program. This year RIMS gave away 375 helmets.

2014 Bicycle helmet donors

Charles Allendorf, MD	Michael E. Migliori, MD
Cynthia M. Alves, MD	Drs. Steve and Sidney Migliori
Stanley R. Balon, MD	Robert Naparstek, MD
Paul E. Barber, MD	Adelaide G. Nardone, MD
David T. Barrall, MD	Hung Nguyen, MD
Dr. Richard and Lois Bertini	Dr. Peter and Nancy Nigri
Michael Bonitati, MD	Gregg Oehler, PA-C
Robert S. Burroughs, MD	Martin Papazian, MD
Joseph F. Callaghan, MD	Maureen Phipps, MD
James Carney, PA-C	Dieter Pohl, MD
Laura Chapman, MD, and Emily Katz, MD	John J. Przygoda, MD
Lisa Chapman, MD, and Andrew Sucof, MD	Dr. and Mrs. David G. Quigley
Josiah H. Child, III, MD, and Mary Nell Wegner	Dr. Dante and Lynne Ramos
Anthony DeLuise, Jr, MD	Kenneth Rickler, MD
Stuart V. Demirs, MD	Renee B. Rulin, MD
Joseph DiBenedetto, Jr, MD	Barbara Schepps, MD and Richard Wong, MD
Jerry Fingerut, MD	Teresa L. Schraeder, MD
Cheryl Flynn, MD, PhD	Lisa Shea, MD
Stephen E. Glinick, MD	Sonia Sprung, MD
James F. Griffin, DO	Gregory Steinmetz, MD
Daniel S. Harrop, III, MD	Margaret A. Sun, MD
Melvin Hershkowitz, MD	Gerald M. Tarnoff, MD
James K. Herstoff, MD	Elizabeth Toll, MD and Adam Pallant, MD
Peter Hollmann, MD	Margaret Tryforos, MD and Mr. Paul Thompson
Achyut B. Kamat, MD	Elizabeth A. Welch, MD
Martin Keszler, MD and Mary	Linda Wendell, MD
Lenore Keszler, MD	Carol Wheeler, MD
Thomas A. Krahn, MD	Dr. Bruce and Carolyn Winter
Beth Lange, MD and Raymond Zarlengo, MD	Patricia N. Wold, MD
Mary Lekas, MD	Anesthesia Care, Inc.
Drs. Otto and Rebekah Liebmann	Associates in Primary Care Medicine, Inc.
David Lindquist, MD	Barrington Pediatric Associates
Terrie A. Mailhot, MD	Blackstone Valley Center for Internal Medicine
Diane Reali Marini, MD	Coastal Medical Bald Hill Pediatrics
James R. McCartney, MD	East Greenwich Pediatrics
Roland Merchant, MD	ENT and Allergy
Frank Merlino, MD	Fall River Nephrology, PC
Joseph L. Migliori, MD	Monsignor Clarke School (Wakefield)
	New Beginnings Perinatal Consultants
	Orthopedic Associates
	Providence Pediatrics, Inc.
	Warren Family Practice

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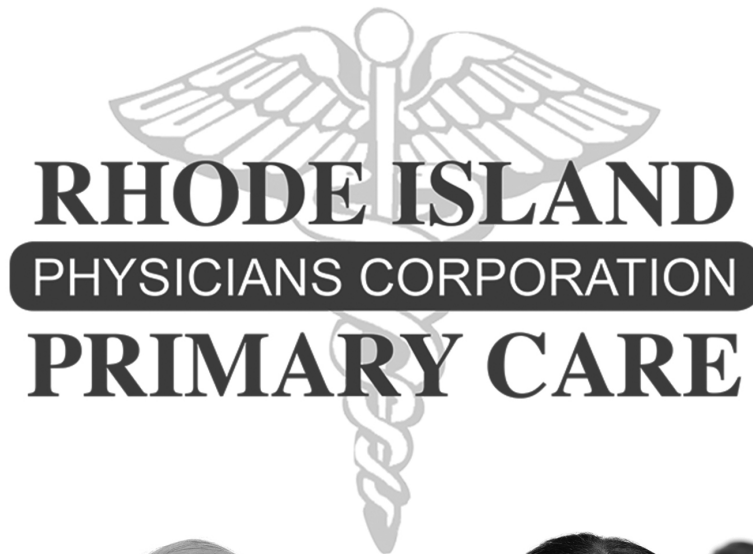
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RIMS and a number of other organizations sought a veto when the bill reached the Governor's desk, .

The new law creates an exemption from the state's Certificate of Need (CON) statute for medical facilities that specialize in "domestic medical tourism." Such facilities are defined as those that draw more than 50% of their patients from out of state. (Proponents of the bill sold it as a "jobs bill.") It also exempts any hospital in Rhode Island from CON review requirements through July 1, 2015. Further, it provides an exemption to the CON process for any merger of any multi-practice physician or podiatric ambulatory surgical center, or the expansion of an existing multi-practice ambulatory surgical center that wishes to expand its operating room capacity.

It also requires the Department of Health to conduct a "state-wide healthcare utilization and capacity" study and to establish and maintain an inventory of all healthcare facilities, health services and institutional health services in the state as well as the equipment located in such healthcare facilities. This study and inventory are to be used by the Department to create a state health care plan. The act also reduces the membership of the Health Services Council from 24 to 12.
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14316.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14267.htm>

Dental Practice Act: Maxillofacial Surgery Assistants

This law changes many provisions of the dental practice act, including the definition of a maxillofacial surgery assistant. Under the new language, maxillofacial surgery assistants may assist a properly credentialed oral surgeon with the administration of general anesthesia/deep sedation.

RIMS ensured that the language in this section of the act met the approval of the RI Society of Anesthesiologists.
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14163.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14095.htm>

State Wide Vaccine Funding

Starting January 1, 2016, a new, more equitable and stable funding method for the state's immunization and child services programs will be introduced. The existing system, because its fees are based on health insurance premiums, gives large employers with self-funded employee health plans a free pass. The new system will assess fees to the insurance carrier or the third-party administrator based on the number of covered state residents. For the state as an employer and for hospitals, their TPA payments are delayed from January 1 to July 1, 2016.

RIMS strongly supported this legislation because the existing system unfairly burdens physician offices and other small businesses that provide fully funded insurance to their employees.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14145-16.htm>

Elder Abuse Reporting

This act amends the Confidentiality of Health Care statute regarding the "duty to report" suspected elder abuse, neglect or exploitation to the Division of Elderly Affairs. It now allows the mandated report to be filed with appropriate local law

enforcement personnel instead of the DEA. RIMS worked with the Department of the Attorney General to modify the original version of the bill, which included a duplicate reporting requirement.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14277.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14333.htm>

Breast Cancer

This act establishes the "Dense Breast Notification and Education Act." It requires health care facilities that perform mammograms to notify patients of any finding of dense breast tissue and to provide basic information about dense breast tissue as it relates to screening and risk factors for breast cancer.

RIMS members, Peter Evangelista, MD (radiology); Arnold Herman, MD (surgery); and Patrick Sweeney, MD (ObGyn), were instrumental in RIMS' successful efforts to fine-tune the act. Similar laws are being considered and enacted in many other states this year.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14047.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14054.htm>

Hospital Charges Transparency

This act requires hospitals to submit a list of their 25 most commonly performed outpatient procedures to the Department of Health (DOH) each year, along with a range of average charges for each procedure. DOH will establish a list of the 25 most commonly performed inpatient procedures in Rhode Island, organized by Medicare DRG (diagnostic-related group). DOH will post the information on its website, and hospitals must provide a copy of the list to any person who requests it. The act also requires hospitals to provide a written estimate of the approximate charges for health care services to patients with deductibles of \$5,000 or more.

RIMS supported this legislation.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14366.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14376.htm>

Exceptions to Medical Licensure Requirements

This act establishes conditions under which a physician licensed in another state can engage in medical practice in Rhode Island without a Rhode Island license. Team doctors, organ harvesting, singular patient consultations lasting less than seven days, and teaching in a medical capacity are among the categories allowed. RIMS supported this legislation and stewarded the bill through the legislative process on behalf of the Department of Health.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14190.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14213.htm>

Music Therapists

The act provides for the licensing of musical therapists in Rhode Island.

RIMS took no position on this legislation.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14211.htm>
<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14189.htm>

Concussions

The “School and Youth Concussions Act” requires teachers and school nurses to complete a low or no cost training course and an annual refresher course in concussions and traumatic brain injuries.

RIMS supported this bill.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14401.htm>

Utilization Review

This act removes a sunset provision in a 2008 act that allows the Department of Health to issue variances from the Utilization Review Act.

RIMS successfully sought the original sunset provision in 2008 and did not oppose this bill.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14080.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14085.htm>

Utilization Review

This act requires the Department of Health and the Department of Behavioral Health, Developmental Disabilities and Hospitals to conduct a study and report to the General Assembly by November 14, 2014, on hospital admission practices and procedures and the effects of such practices and procedures on the care and wellbeing of patients who present to the emergency department with behavioral health conditions. The Department of Health is also required to recommend any changes to the UR act necessary to ensure compliance with the Federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Patient Protection and Affordable Care Act, Pub. L. 111-148.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14178.htm>

Emergency Services and Behavioral Health

Requires the Office of the Health Insurance Commissioner to submit a report to the General Assembly and the Governor on or before February 3, 2015, proposing recommendations to improve health insurers’ compliance with the provisions of Rhode Island law § 27-18-76, which pertains to emergency services to patients with mental health and substance-use disorders.

RIMS supported this legislation.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14204.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14178.htm>

Organized Ambulatory Care Facility (OACF) Licensing

This act allows a licensed OACF to provide services at additional locations without having to obtain additional OACF licenses for the other locations.

RIMS supported this legislation

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14498.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14531.htm>

Impact of High Deductible Plans on Physician Offices

This resolution creates a special Senate commission to study the impact of health plan patient liability provisions (deductibles and co-insurance) on access to health care services and the financial condition of providers. The commission will

be made up of representatives of providers, hospitals, insurers, business groups and state government. The commission will investigate the impact of uncollected deductibles on providers, the demand by consumers and employers for high deductible plans, and the potential impact on access to appropriate care. The commission must submit a report to the General Assembly by February 15, 2015.

RIMS was a strong proponent of this resolution and continues to work with the Office of the Health Insurance Commissioner separately on the impact of high-deductible plans on medical practices.

<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S3133.pdf>

Lyme Disease Mandatory Notification

This act requires that certain statutory language regarding Lyme disease testing be provided to every patient for whom a physician orders laboratory testing for the presence of the disease. The mandated language is included in the bills.

RIMS took no position on these bills.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14495.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14508.htm>

Prescribed Food Coverage for All Ages

This act would require insurance coverage of formula and other prescribed food for all patients, regardless of age, and would also abolish the mandated cap on coverage.

RIMS took no position on this bill.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14269.htm>

Reading Glasses

This act changed the definition of “simple reading magnifying glasses” to exclude lenses of over plus 3.25 diopters or equivalent magnification.

RIMS opposed this legislation.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14197.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14219.htm>

Post Payment Audits

This act broadened the definition of “healthcare provider” within the existing law that was initiated by RIMS in 2013. For the purpose of post-payment audits, the definition now includes healthcare facilities that treat patients for mental health conditions and/or substance abuse, as well as physicians or other licensed practitioners responsible for care, treatment and services to patients

RIMS took no position on these bills.

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14214.htm>

<http://webserver.rilin.state.ri.us/PublicLaws/law14/law14201.htm>

Integrating Primary Care and Behavioral Health

This resolution respectfully requests that the Rhode Island Department of Health present a plan for an integrated primary care and behavioral health and health promotion pilot program.

<http://webserver.rilin.state.ri.us/BillText/BillText14/SenateText14/S2877.pdf> ❖

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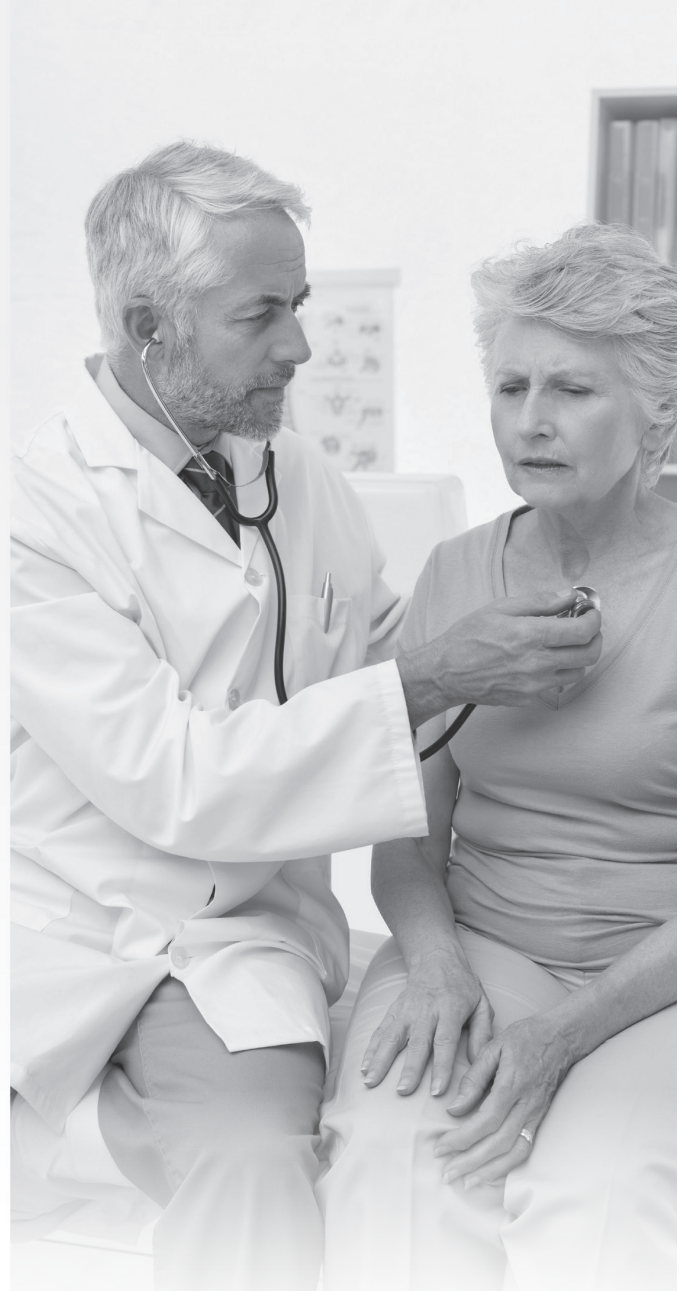
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Working for you

Below are some of the advocacy activities in which the Rhode Island Medical Society engaged during the month of July 2014 on behalf of Rhode Island physicians and patients.

July 1, Tuesday

RIMS Physician Health Committee (Herbert Rakatansky, MD, Chair)

Meeting with Medicaid Director, Deidre Gifford, MD, and James Berson, CEO, Greater Providence YMCA regarding childhood obesity prevention programs

Fellows Orientation, Lifespan, Dr. Herbert Rakatansky and RIMS' Kathleen Boyd presenting, Diane R. Siedlecki, MD, and staff at RIMS membership table

July 2, Wednesday

Meeting with Executive Director, RI Business Group on Health, to discuss areas of mutual interest

July 7, Monday

RIMS Executive Committee

July 8, Tuesday

Attended meeting of the Physician Assistants licensing board at the Department of Health

July 9, Wednesday

Attended meeting at the Board of Medical Licensure and Discipline, Department of Health

Meeting with Governor's staff to discuss legislation

July 10, Thursday

RIMS staff with AMA Trustee and AMA-ARC staff member, National Conference of Insurance Legislators, Boston

Health Services Council Project Review Committee meeting

July 11, Friday

Conference call with Pfizer regarding legislation

Conference call with Lt. Governors' staff regarding State Innovation Model grant

July 14, Monday

Meeting with Drs. Fine, Jones, and Karczmar regarding a wide variety of issues.

July 15, Tuesday

30-Year RIMS Anniversary Reception for Newell Warde

July 16, Wednesday

Health Department's Primary Care Physicians Advisory Committee meeting

Meeting of the Board of Directors, RIMS-IBC, Peter A. Hollmann, MD, President

July 17, Thursday

Meet with Catherine Taylor, Candidate for Lt. Governor, to discuss health care issues

July 18, Friday

Coalition of Mental Health Professionals of RI (COMHPRI) meeting

July 21, Monday

Conference call with RI Health Center Association and Hospital Association of RI (HARI) regarding DOH regulations

July 22, Tuesday

Health Source RI Advisory Board, Peter Howland, MD, member

July 23 Wednesday

Meeting with Lt. Governor's staff regarding State Innovation Model (SIMS) grant

Meeting with Blue Cross Blue Shield RI regarding *RI Medical Journal* advertising

Primary Care Physicians Advisory Committee meeting

July 24, Thursday

AMA-ARC conference call regarding National Association of State Alcohol and Drug Abuse Directors (NASADAD) Membership Inquiry Report on Heroin and Prescription Drug Abuse

July 28, Monday

Present testimony regarding proposed DOH regulations regarding amending birth certificates for transgendered individuals

July 29, Tuesday

Conference call regarding FDA Prescriber Education Initiative

Conference call with Hospital Association of RI and Oregon Hospital Association regarding Early Disclosure and Resolution Process

Meeting with Health Services Council

July 30, Wednesday

AMA conference call to discuss Medicare SGR strategy

July 31, Thursday

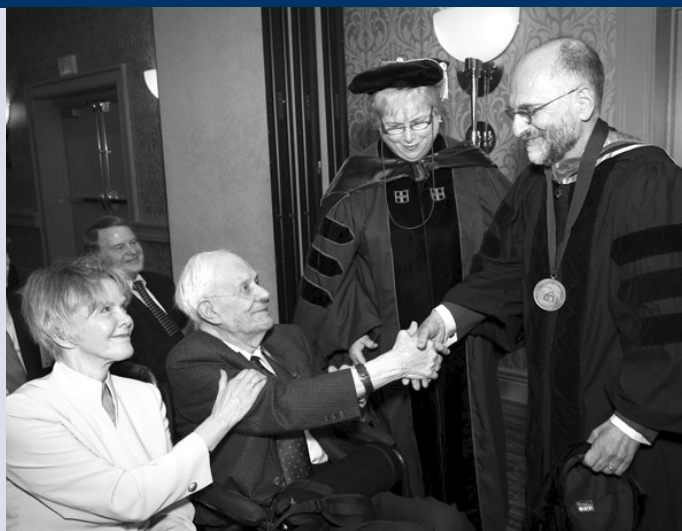
Meeting with Blue Cross Blue Shield of RI, Drs. Jones, Karczmar and staff ❖

JOCELYN COSTA, PA-C, is the new President of the RI Academy of Physician Assistants. **ROBYN OSTAPOW, PA-C**, is Secretary-Treasurer; Directors-at-Large are **EMMA BANKS, PA-C**; **JAMES DEADY, PA-C**; and **VICTORIA MILLER, PA-C**. Rhode Island Delegates to the American Academy of Physician Assistants are **JAMES CARNEY, PA-C, DFAAPA**; and **RAYMOND CORD, PA-C**.

JENNIFER GASS, MD, is the new President of the RI Chapter of the American College of Surgeons, succeeding Dr. Stephen Migliori.

SENATOR CHRISTOPHER SCOTT OTTIANO, MD, was recognized by the Rhode Island State Nurses Association at its annual Legislative Awards Reception on May 7. Senator Ottiano, a surgeon with the Brain and Spine Neurosurgical Institute, represents Bristol and Portsmouth and is Deputy Minority Leader of the Senate. He serves on the Health and Human Services Committee and the Committee on Special Legislation and Veterans' Affairs. RISNA commended him for his leadership on healthcare issues in the General Assembly.

JIM CARNEY, PA-C, DFAAPA was recognized by the Rhode Island State Nurses Association at its annual Legislative Awards Reception on May 7. Mr. Carney was recognized for his long and influential involvement with healthcare issues and health-related legislation. He has long been a member of RIMS and a prominent leader in the Physician Assistant community. He has served ably in many state leadership positions, including the presidency of the Rhode Island Academy of Physician Assistants.



Stanley M. Aronson, MD, seated with his wife Gale Aronson; standing, Butler Hospital President Patricia Recupero, MD, JD; and the inaugural Chair Joseph H. Friedman, MD.

STANLEY M. ARONSON, MD, was recognized in extraordinary and uniquely meaningful ways in April and again in May. On April 12 a large gathering at the Providence Marriott celebrated the establishment of The Aronson Chair for Neurodegenerative Disorders at Butler Hospital. On May 24, in a special reception held in honor of Dr. Aronson, the Warren Alpert Medical School formally inaugurated the Dean Stanley M. Aronson Fund for Research and Innovation. Dr. Aronson, of course, is the founding dean and Dean Emeritus of the medical school at Brown University. He is also Editor-in-Chief Emeritus of the Rhode Island Medical Journal and the author of an exceedingly long and popular series of commentaries that appear weekly in the Providence Journal as well as in the RIMJ. The current Editor-in-Chief of RIMJ, Dr. Joseph Friedman, was feted on April 12 as the first occupant of the new Aronson Chair.

PATRICK J. SWEENEY, MD, PHD was feted by colleagues, family and friends at a retirement reception held at the Brown University Faculty Club on June 3, where he was recognized and thanked for an extraordinary career of leadership and service to patients, Women & Infants Hospital, Brown University, ACOG (locally, regionally and nationally), the national Accreditation Council for Continuing Medical Education and to the Rhode Island Medical Society, where he has long chaired the Committee on Continuing Medical Education and currently serves on the Executive Committee. (Dr. Sweeney was the 2012 recipient of RIMS' Herbert Rakatansky Award for professionalism in medicine.) ❖



[L-R] RIMS member Senator Christopher Ottiano, MD; Representative David Bennett, RN; Providence Councilman Michael Solomon; Former RI Health Care Advocate, Maureen Glynn; RIMS member, James Carney, PA-C; and Laddie. All were recognized by the RI State Nurses Association for meritorious service.

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Reducing risks when patients refuse cancer screening

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According to the National Patient Safety Foundation (NPSF), diagnostic error is both frequent and harmful. It is the most frequent allegation in medical professional liability (MPL) claims involving death and the number one cause of MPL claims for all primary care specialties, radiology and emergency medicine.¹ The most common outpatient diagnostic claims involve the alleged failure to diagnose cancer.² Additionally, the most common failure to diagnose cancer claims involve four types of cancer – breast, colorectal, lung and prostate.³

Among the many risk management aspects associated with failure to diagnose cancer is the issue of patients' refusal to undergo screening. Some patients do not understand, and indeed fear, the screening process, particularly when it involves an invasive procedure such as colonoscopy.⁴ Other patients may fear the results and prefer to believe that the absence of symptoms means that everything is fine.⁵ Such fearful patients may simply refuse

to be screened. Patients who end up exhibiting signs or symptoms of a disease process may ultimately be diagnosed with cancer. For example, a patient who develops rectal bleeding may finally get the colonoscopy previously recommended by the primary care provider as a screening exam. By then, however, the disease may be much more advanced and more difficult to treat. At that point, the patient may end up alleging that he/she would have had the screening if the primary care provider had explained how important it was.

While patients have a right to not to be screened, it is imperative for providers to explain clearly the risks, benefits and alternatives of not being screened.⁶ This is known as having an informed refusal discussion. During this discussion, the provider should address the importance of screening and the risk of having a cancer that may go undiagnosed. These informed refusal discussions should be clearly documented in the patient's medical record.⁷ It is also not enough to have this conversation just once; providers need to continue making screening recommendations. If the patient continues to refuse screening, the provider needs to document the patient's continued refusals.

Sometimes patients refuse screening not out of fear, but for financial reasons. For example, patients may decide to forego screening because their insurance plan has a high deductible. These patients may want to be screened, but simply cannot afford it. Having and documenting an informed refusal

discussion is important under these circumstances also. In either case, the physician may consider using a "Refusal of Treatment" form in addition to documenting the informed refusal discussion in the medical record.

While it is often troubling for providers when patients refuse cancer screening, physicians may reduce the risk of being sued for a delay or failure to diagnose cancer by having an informed refusal discussion with the patient. By plainly describing the risks associated with not being screened, including the possible presence of an undiagnosed cancer, they may also provide the catalyst that may prompt the patient to undergo screening.

References

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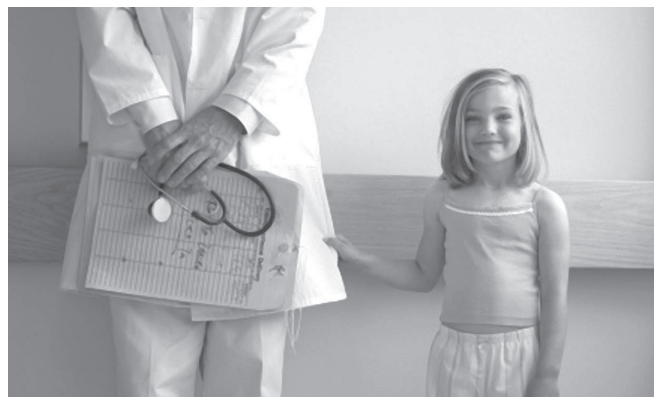


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