



NEWSLETTER OF THE
RHODE ISLAND MEDICAL SOCIETY
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Legislative wrap-up

A state budget built on cost-shifting And a General Assembly session that produced little else

It was a year when the state's budget crisis, in the words of RIMS Public Laws Committee Chair Michael E. Migliori, MD, "sucked the air out of everything else."

Of 2623 pieces of legislation introduced in the House and Senate and reviewed by the staff and Public Laws Committee of the Medical Society, about 175 had potential for significant impact on health care, but few became law.

One of those that did succeed was a RIMS initiative that permits doctors to write prescriptions for 90-day supplies of Schedule II drugs. Another RIMS submission that became law adds mobile screening vans to the legal definition of a "health care facility," giving the Department of Health authority to regulate those often dubious and lucrative enterprises, which advertise heavily and tend to prey on public anxieties.

A bleak state budget

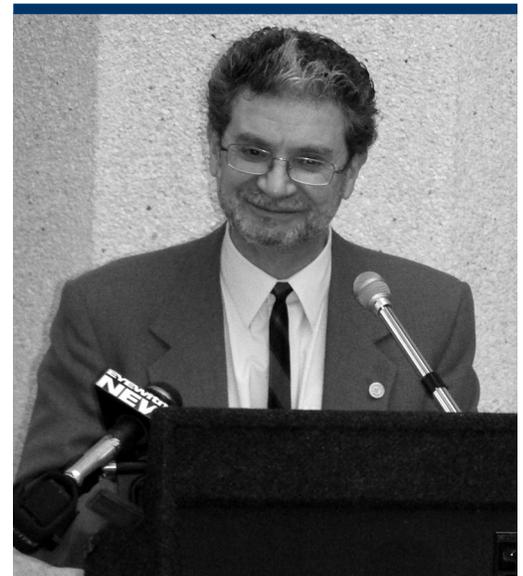
Starting in 2007, Rhode Island's elected leaders have been facing a \$425 million shortfall and the state's deepest fiscal crisis since the credit union collapse of 1992. They responded less by making bold structural changes in state government than by shifting costs to other sectors or into the future. And rather than spreading the onus broadly, lawmakers and the Governor tended to focus it on vulnerable groups, disguise it or postpone it.

Indeed, the Republican Governor and the Democratic General Assembly worked together in remarkable harmony to dismantle large pieces of Rhode Island's social safety net, shift state burdens to the shoulders of businesses and property owners (albeit mostly by indirection), and seize one-time savings here and there. In short, it was more of the same sort of short-term, stop-gap management that has characterized

previous state budgets and made the state's current problems inevitable.

While state leaders boasted of balancing the budget without passing new, broad-based taxes, they seemed to be banking on public amnesia and on limited public understanding of the state's financial condition. Faced with the choice of paying now or incurring still higher costs later on, state leaders tended to cross their fingers and favor the second option.

In some areas of the budget, state leaders booked 365 days' worth of ephemeral savings from programs that are not yet in place, thereby virtually guaranteeing that the new budget would already be out of balance within days of the start of the new fiscal year that began July 1. It was clear by mid-July, for example, that slashing the state workforce will not yield all of the projected savings. *continued*



RIMS President K. Nicholas Tsiongas, MD, MPH, addressing a rally outside the doors of the RI Department of Health to protest the state's imposition of a discriminatory 2% gross receipts tax.



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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.

In cooperation with the Brown University School of Medicine, the Rhode Island Department of Health, and Quality Partners of Rhode Island, the Society also publishes a monthly magazine, *Medicine and Health Rhode Island*.

FROM PAGE 1 - STATE BUDGET

Consequently, when lawmakers return in January 2009 they will confront another gap (perhaps \$150 million or so) in the current state budget and face additional difficult choices for the fiscal year that will begin July 1, 2009.

Impact on health care

Nowhere was budget-driven desperation more evident than in health care. While other states are working to diminish the ranks of the uninsured, only in Rhode Island has the state itself taken deliberate steps over the past twelve months to do just the opposite.

Rhode Island residents most directly affected include thousands of poor children and their families, the elderly and the disabled, as progressively deeper cuts have been made in RItCare and other social service programs over the past twelve months. The inevitably higher costs of delayed care and uncompensated care are already boomeranging back, though not always directly to the state. Most immediately, the burdens have been shifted to the Community Health Centers, the Community Mental Health Centers and hospital emergency departments. As the state also restricts access to antipsychotic medications, public safety services and the criminal justice system will feel the impact.

Cutting health care: a false economy

Many in the Rhode Island business community who provide health benefits to their employees are well aware that their good corporate citizenship exposes them to a disproportionate share of the burdens of uncompensated care. The uninsured do receive care, and the cost of that care is passed along through the rest of the system in various ways. Moreover, those costs are driven higher by the circumstances under which the uninsured tend to receive care. Studies published by the Institute of Medicine and the American College

of Physicians have analyzed the high cost of "uninsurance," which is borne by hospitals, doctors, clinics, Community Health Centers, Community Mental Health Centers, government at all levels, employers and the general public in a variety of ways, direct and indirect.

In addition, since health care is a major driver of the Rhode Island economy, cuts in funding for health care can be fiscally counterproductive for the state, especially when what the state spends is more than doubled by federal dollars. RItCare receives two-thirds of its money from Washington, and the rest of Rhode Island Medicaid receives more than half. When the state cuts its own spending, that portion of the federal match is lost, delivering a double blow to patients, health sector workers, institutions and the Rhode Island economy.

Rhode Island's unprecedented gamble: a "Global Waiver" for Medicaid

The state is banking on major savings (\$67 million in the first year) from a radical five-year restructuring of Rhode Island Medicaid under a so-called "global waiver" from the federal government, something that no other state has attempted. The state must apply and receive federal approval before it can implement the risky plan, but the projected date for submitting the application has been slipping and is now projected for mid-August. If it gets the waiver, Rhode Island would give up its rolling 47%/53% split of Medicaid funding with the federal government in return for a capped, front-loaded lump sum of \$12.4 billion to cover the next five years. Once that money is gone, the state will be on the hook for 100% of Medicaid expenses.

(Of course, the Governor himself will be gone in just two years, leaving his successor to deal with any shortfall.)

The cuts to RItCare and the quest for the global Medicaid waiver are ominous indications that the Governor and the General Assembly have abandoned hope of reforming the

Dr. Tsiongas leads State House rally in defense of RItCare



Brown University medical students turned out in force at the State House to support RItCare and protest proposed state budget cuts in the successful program, which has provided health benefits to poor children and their families since 1994.



Dr. Tsiongas leads a rally at the State House in defense of RItCare. In the background is Lieutenant Governor Elizabeth Roberts. To her left is Andrew Snyder, MD, of the Rhode Island Academy of Pediatrics; Yul Ejnes, MD, of the American College of Physicians; and Donna Policastro, RN, Executive Director of the Rhode Island Nurses Association.

health care system. Preserving RItCare and Medicaid intact would be a necessary foundation for reform. However, rather than dedicating itself to controlling everyone's health care costs, state government is focused on controlling its own costs and passing off responsibility to the private sector.

Provider taxes

The new budget did not change physician licensure fees, which were already raised sharply last year. Nor did it increase or expand the infamous 2% "provider taxes" on certain gross receipts that were imposed for the first time on many doctors a year ago with the 2008 fiscal year budget. The Medical Society attempted to repeal those taxes legislatively this year without success but remains on track

with a parallel effort to challenge the taxes in court.

The fact that the state did not seek to raise or broaden the provider taxes this year is a minor victory for RIMS and confirmation of the importance of refusing to take the discriminatory taxes lying down.

Other budget provisions

The new state budget raises the existing tax on health insurance premiums from 1.1% to 1.4%, which the insurers are permitted to pass through to purchasers. It also raises hospital licensure fees and reduces the Medicaid reimbursement formula for hospitals.

Relevant to medicine and health care as well are major savings (\$91 million) projected by the new state budget from attrition and other

unspecified changes in state personnel and from overall roughly level funding (after deep cuts last year) to the cities and towns.

The state's projected personnel savings do not consider concomitant losses of productivity. The Department of Health, which has already been hamstrung by recurring budget cuts for the past twenty years, has suffered especially heavy losses this year with the departure of individuals with decades of experience and invaluable institutional memory.

Cuts to the municipalities last year and this year will result in further cost shifting, as the cities and towns respond by raising property taxes. Several municipalities are already moving to implement mid-term property tax hikes. ❖

Below is a summary of health-related legislation passed in the General Assembly Session that ended with a rare Saturday session on June 21, 2008.

CHAPTER	BILL	TITLE
024 / 029	S 2284 H 7281	Health and safety – healthcare facilities – pressure ulcers. This act adds the occurrence of pressure ulcers to the list of subjects on which the health care quality steering committee shall advise.
068 / 070	H 8014Bam S 2800A	Insurance – health – ambulances – co-payments. This act provides that every individual or group health insurance contract, plan or policy delivered, issued for delivery, or renewed in this state will generally not require a co-payment and/or deductible for licensed ambulance service in excess of fifty dollars.
086 / 090	H 7463A S 2130 A	Education – health and safety of pupils – allergies – notice This act directs the governing bodies of each school to develop a policy designed to provide a safe environment for students with peanut/tree nut allergies. It also repeals the current provisions requiring the posting of notices in schools regarding the presence of children with such food allergies
095 / 290	S 2680A H 7914B	Health and safety – healthcare facilities – monitoring – hospital acquired infections. This act creates the Hospital Infections Disclosure Act, which requires hospitals to collect data on hospital-acquired infections and report them to the department of health. This act also provides penalties for hospitals in violation of the act.
099 / 160	S 2286B H 7493B	Insurance – health – market expansion. This act endeavors to foster a regional health insurance market.
100	H 7390Aam	State – appropriations for support for fiscal year ending June 30, 2009 and various amendments to the General Laws for the implementation of the State Budget provisions. Article 17: Relating to Rhode Island Medicaid Reform act. Article 19: Relating to hospital uncompensated care. Article 20: Relating to human services – children’s health account. Article 28: Relating to restricted receipt accounts. Article 31: Relating to licensing of hospital facilities. Article 32: Relating to health insurance premium tax.
101 / 153	S 2160Aam H 7963Aam	Health and safety – umbilical cord blood bank This act requires hospitals and other obstetrical facilities and professionals to inform their patients of the option of donating umbilical cord blood to umbilical cord blood banks. This act also requires hospitals and other obstetrical facilities to facilitate the donation of umbilical cord blood to umbilical cord blood banks.
104	H 7350Aam	Taxation – tobacco. This act extends the cigarette tax beyond the current ending date of June 30, 2008. It also amends the definition of cigarettes and adds a new chapter “little cigar tax.”
113 / 248	S 2484Bam H 7352Aam	Health and safety – Healthy Rhode Island Reform Act. This act establishes the healthy Rhode Island strategic plan and chronic care management program.
114 / 207	S 2481 B H 7465A	Health and safety – healthcare – reporting. This act creates a health care quality and value database.
124 / 186	H 7961A S 2479A	Businesses and professions – nurses – prescriptions. This act limits the prescription privileges of certified nurse practitioners.
157 / 175	H 7561B S 2677Aam	Health and safety – patient safety. This act establishes the Rhode Island patient safety and quality improvement act of 2008. The goals of this act are to promote patient safety, reduce patient safety events, and encourage better reporting of patient safety events and related incidents by permitting reporting entities to contract with a certified Patient Safety Organization by January 1, 2010.
171 / 466	S 2679Aam H 7409Aam	Business and professions – Health Information Exchange Act. This act establishes the “Rhode Island Health Information Exchange Act of 2008” for the purpose of providing safeguards and confidentiality protection for health information exchange.
221 / 317	H 7570Aam S 2278A	Food and drug – prescriptions – controlled substances. This act voids schedule II prescriptions not dispensed within ninety (90) days of the prescription’s date and schedule III, IV and V within one hundred eighty (180) days. It further amends certain monthly supply limits. This act takes effect September 1, 2008.
223 / 308	H 7467B S 2283 Aam	Health and safety – breastfeeding – civil actions. This act allows a woman to feed her child by bottle or breast in any place open to the public, allows her a private cause of action for denial of this right and sets forth the remedies therefore. This act takes effect on March 1, 2009.

225 / 409	H 7870Aam S 2475A	Business and professions – physical therapists – business relationships. This act provides that any person licensed as a physical therapist who has a bona fide employment or independent contract with a physician or physician group or is a co-owner of a physical therapy practice with a physician group shall not be deemed to be engaging in conduct detrimental to the public by virtue of this relationship.
243	H 7014Aam	Education – health and safety of pupils – diabetes – training. This act requires school departments to develop policies and procedures for administering injections to diabetic students in the event of an emergency. The policy would include parent authorization and the training of school personnel.
245 / 313	H 7464 S 2224	Health and safety – healthcare facilities – mobile health screening vehicles. This act defines a mobile health screening vehicle and would provide that such vehicles would be deemed to be health care facilities.
254	H 7280A	Education – curriculums – health and physical education. Commencing September 1, 2012, this act requires that the physical education and health curriculums in schools be based on standards set by Rhode Island Health Education Framework and the Rhode Island Physical Education Framework.
304 / 424	H 8078 S 2866	Health and safety – healthcare services – utilization review. This act requires the department of human services to report to the general assembly by the 15th of January each year and also extends the sunset provision to July 1, 2011.
305 / 433	H 8089A S 2889Aam	Businesses and professions – optometrists – opticians – repeal – licenses – boards – definitions. This act repeals the old chapter on optometrists and creates two new chapters, one of which addresses the profession of optometry and the second of which establishes a chapter on opticians.
416	S 2676Aam	Business and professions – psychology – licenses – boards. This act makes certain revisions to the general laws that regulate the psychology profession.
455	S 2939	Towns and cities – health and education building corporation – non-profit clinical laboratories. This act allows non-profit clinical laboratories to receive financing from the Rhode Island Health and Educational Building Corporation.
	S 2222 H 7466	Joint resolution creating a joint task force to study all aspects of health care reform relating to the healthy Rhode island reform act of 2008 - Part VIII This resolution creates a nine (9) member special joint task force whose purpose is to make a comprehensive study of all aspects of health care reform. The task force is to report back to the General Assembly no later than June 4, 2009 and shall expire on August 4, 2009.
	H 7909	Joint resolution creating a special legislative commission to study, develop a strategy, and promote interoperability of all aspects of electronic health record utilization in the state of Rhode Island. This resolution creates the Electronic Health Records Task Force, a twenty-three (23) member special legislative commission, whose purpose is to study and promote the interoperability of all aspects of electronic health record utilization in the state and report back to the General Assembly no later than January 6, 2009. The task force shall expire on March 6, 2009.
VETOES		
	S 2113	An act relating to state affairs and government – restricting radio frequency identification devices This act would have restricted the use of radio frequency identification devices for the purpose of tracking the movement or identity of an employee, student or client as a condition of obtaining a benefit or services from such agency.
	S 2692 H 787	An act relating to health and safety – center for health professions act This act would have created a center for health professionals for the development of a healthcare workforce
	H 7888	Joint resolution relating to the Edward O. Hawkins and Thomas C. Slater medical marijuana act (makes various changes to the medical marijuana act, including the creation and regulation of compassion centers to aid qualifying patients and their registered primary caregivers with respect to this act). This joint resolution would create a thirteen (13) member joint study commission for the purpose of evaluating the merits of allowing the licensure of non-profit medical marijuana compassion centers in the state. The resolution would require that the commission make its recommendations to the General Assembly on or before January 31, 2009, and would expire on February 1, 2009.

Three reasons why should you belong to the American Medical Association:



1 The AMA is working in the private sector, advocating strongly for doctors who face challenges from third-party payers and protecting the autonomy of hospital medical staffs. We're also helping doctors manage their practices with educational materials on contracting, information technology and more.



2 Turn to *American Medical News* for insight into the business side of medicine. Learn about clinical advances through *JAMA* and *Archives* specialty journals. Find out about advocacy achievements and new initiatives through *AMA Voice*. Get the latest news on important health care issues and studies through *AMA Morning Rounds*.



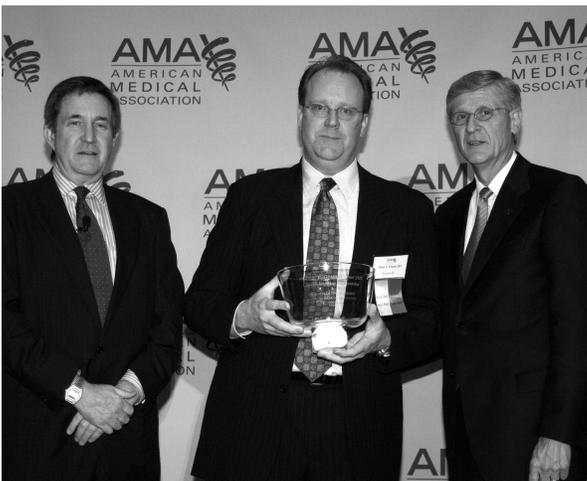
3 Only the AMA has the strength to advocate on your behalf on Capitol Hill. We're working on national challenges that affect both doctors and patients, such as solving the problem of the uninsured and the replacement of the Medicare physician payment formula. The AMA is the only organization that unifies and speaks for all doctors.

As a member of the Rhode Island Medical Society (RIMS), you already understand the importance of participating in organized medicine. RIMS and the AMA work together on your behalf to make medicine better for doctors and patients.

Do your part and support both today.

To join the AMA, call RIMS at (401) 331-3207.





AMA honors Ginaitt

Former state Representative Peter T. Ginaitt, RN, EMT, this year became the second Rhode Islander ever to receive the AMA's Nathan Davis Award for Outstanding Government Service.

Mr. Ginaitt, who represented District 22 (Warwick) at the State House for 15 years as a Democrat and retired from politics in 2007, was nominated for the honor by Dr. Michael Migliori on behalf of the Rhode Island Medical Society in recognition of Ginaitt's years of exceptionally knowledgeable leadership at the State House and his distinguished record of shaping enlightened health care policy.

The last RIMS nominee to receive the Nathan Davis Award was U.S. Senator John H. Chafee in 1994. Named for the founder of the AMA, Nathan Davis Awards are presented each year in several categories, including U.S. Senator, U.S. Representative, and State Legislator, and Statewide Elected Official. Not every category is awarded every year.

U.S. Senators Jack Reed and Sheldon Whitehouse, RI Representative Jim Langevin, RIMS President-Elect Diane Siedlecki, MD, and Public Laws Chair Michael Migliori, MD, were on hand to congratulate Representative Ginaitt at the awards banquet held at the Grand Hyatt Hotel in Washington, DC, in April. ❖

[Top] RI State Representative Peter Ginaitt, RN, EMT addresses the AMA Nathan Davis Awards banquet in Washington, DC.

RI State Representative Peter Ginaitt, RN, EMT holding the Nathan Davis Award presented to him by the AMA for his outstanding service as a state legislator. At left is broadcast journalist Forrest Sawyer, MC of the Nathan Davis Awards Banquet. At right is Edward L. Langston, MD, Chairman of the AMA Board of Trustees

Warde elected to AMA Litigation Center

RIMS' Executive Director Newell Warde was elected to the Executive Committee of the AMA Litigation Center in June.

The Center provides legal assistance and expertise to physicians all over the country. Since its inception in 1995, the AMA Litigation Center has participated in more than 160 cases, many of which have set important legal precedents and had broad implications for patients and doctors.

For example, when New York Attorney General Andrew Cuomo announced his dramatic initiatives against UnitedHealthcare earlier this year, he was actually following a trail that was blazed eight years ago by the AMA Litigation Center. The Center

has also provided generous support to the Rhode Island Medical Society in its current multi-step efforts to challenge the provider taxes that the state of Rhode Island imposed a year ago.

The Center is a joint undertaking of state medical societies and the AMA and was founded as a mechanism to level the playing field for physicians, who are typically at a substantial disadvantage in litigation that pits them against large entities like insurance companies and hospitals. All fifty states and the District of Columbia participate in supporting the Center.

The Litigation Center's docket of cases tends to include issues of physician payment, medical staff

privileges, medical liability, peer review, and scope-of-practice, among many other topics. They run the gamut from state administrative proceedings to the U.S. Supreme Court. At any given time, the Center is usually involved in about 25 active cases.

The ten-member Executive Committee of the Litigation Center is composed of four state executive directors, four state general counsels, a member of the AMA Board of Trustees and an attorney employed by the AMA who serves as Director of the Center. The AMA's General Counsel also sits with and advises the Center. ❖

AMA 2008 Annual Meeting

The Rhode Island AMA Delegation joined their colleagues from the New England Delegation for the AMA's 2008 Annual Meeting held in Chicago from June 12–18, 2008.

A message of hope from the President of the AMA

In an emotional speech at Saturday's Opening Session, AMA President Ronald M. Davis, MD, detailed his battle with pancreatic cancer and called on the nation's physicians to leave a legacy to the next generation. His message was one of hope, both for organized medicine and the future. Brought to tears at times, Dr. Davis shared his experiences as a patient and thanked his family, friends and colleagues for their support. Following his remarks, Dr. Davis embraced his wife, Nadine, and three sons on stage as delegates gave him a lengthy standing ovation. Dr. Davis touched upon the many issues affecting physicians today, including the political process surrounding Medicare physician payment cuts, which he compared to a hamster wheel that continuously goes around in circles. He said organized medicine could find inspiration in Daniel Tammet, an autistic savant with Asperger syndrome who set the European record for reciting Pi. "If a person with autism can recite Pi to more than 22,000 digits," he said, "we ought to be able to ... figure out how to get off the [Medicare] hamster wheel." Also at the Opening Session, AMA executive vice president/CEO Michael D. Maves, MD, MBA, shared with the audience new television and print ads that are part of the AMA's "Voice for the Uninsured" campaign and discussed the AMA's commitment to providing strong advocacy and valuable resources for physicians. The House by acclamation elected J. James Rohack, MD, president-elect of the AMA. Dr. Rohack is a cardiologist from Temple, Texas, who has served as a member of the AMA Board of Trustees for the past seven years. Delegates also re-elected Denver psychiatrist Jeremy A. Lazarus, MD, to a second term as speaker and Andrew W. Gurman, MD, a hand surgeon in Altoona, Pa., to a second term as vice speaker. Visit www.ama-assn.org to view the opening speech by Ronald M. Davis, MD.

Healing the claims process: AMA's new insurer Report Card

To reduce administrative burdens for physicians, the AMA in June launched the "Cure for Claims" campaign and unveiled its National Health Insurer Report Card on claims processing to a packed room of physicians.

The goal of the campaign is to hold health insurers accountable for making claims processing more cost-effective and transparent, and to empower physicians to create a systematic approach to claims management so they spend less time and resources on payment hassles with health insurers.

The inefficient and unpredictable system of processing claims adds unnecessary cost to the health care system, estimated as much as \$210 billion annually, without creating value. Physicians divert substantial resources, as much as 14 percent of their total revenue, to ensure accurate insurance payments for their services. Eliminating the inefficiencies of the billing-and-collection process would produce significant savings that could be used to enhance patient care and help reduce overall health care costs.

The report card demonstrates the inconsistency and confusion that results from each health insurer using different rules for processing and paying claims. Based on a random sample pulled from more than 5 million services billed on more than 3 million electronic claims submitted between June 2007 and March 2008, the report card provides an in-depth look at the claims processing performance of Medicare and seven national commercial health insurers: Aetna, Anthem Blue Cross Blue Shield, CIGNA, Coventry Health Care, Health Net, Humana and United Healthcare.

The report card suggests that both physicians and health insurers can help reduce unnecessary administrative costs if electronic transactions and full transparency are widely adopted. Data was obtained from the health insurers' Web sites and supplemented by a database maintained by National Healthcare Exchange Services, a California-based company that provides a pricing and payment audit system for physician practices.

The AMA strongly encourages all physicians to take part in the "Cure for Claims" campaign. To help, the AMA's Practice Management Center has developed numerous online resources that can help physicians prepare claims, follow their progress and appeal them when necessary.

www.ama-assn.org/go/cureforclaims
www.ama-assn.org/go/pmc

Advocacy in the courtroom

Delegates to the AMA meeting in Chicago were reminded about the powerful ally they have in the Litigation Center of the AMA and State Medical Societies, which elevates the voice of America's medical profession in legal proceedings around the country.

Speakers at the Litigation Center's open forum outlined recent cases that are affecting physicians and patients, including *American Medical Association v. United Healthcare*, which the Litigation Center filed in 2000 with the Medical Society of the State of New York (MSSNY) and the Missouri State Medical Association.

AMA President-elect Nancy H. Nielsen, MD, PHD, and Robert Goldberg, DO, MSSNY's past president, detailed the lawsuit, which alleges that Ingenix, a subsidiary of United and the nation's largest provider of health care billing information, uses a database to determine "usual, customary and reasonable" charges based on unreliable or insufficient data, and that charges for certain procedures are higher than insurers allow.

"This means something to everyone in this room," Dr. Goldberg said, "someone taking something very valuable [from] you—payment for your services."

Earlier, AMA Speaker Jeremy A. Lazarus, MD, summarized *Consumers' checkbook v. U.S. Department of Health and Human Services*, which concerns whether the federal government should disclose the amounts that physicians receive from Medicare. And Steven Bergin, MD, president of the Wisconsin Medical Society (WMS), discussed a lawsuit the WMS filed to remedy the confiscation of a patient compensation fund by the state.

www.ama-assn.org/go/litigationcenter ❖



NICK TSIONGAS, MD, MPH
PRESIDENT, RI MEDICAL SOCIETY

"The name of the game is be hit and hit back." —Warren Zevon from "Boom-Boom Mancini"

It was evident from the beginning of my term as RIMS president in the fall of 2007 that this was going to be a year during

which the Society would be challenged in unprecedented ways.

The Governor and the General Assembly had already passed a stealth gross receipts tax on imaging and outpatient surgery ("stealth" because despite doing so, they kept gloating in public that they had not raised taxes); Blue Cross was set to introduce preauthorization of imaging after our years-long efforts to delay it; rumors were rife of the pending arrival of Minute Clinics at a CVS near you; and the looming merger of the two large in-state hospital systems was causing great concern among many physicians in primary care and those affiliated with other hospitals.

At the same time, and much more ominously, the state government had a yawning budget deficit that Governor and Democratic Assembly alike vowed would be addressed in great part through the most draconian cutbacks in health services and coverage in the history of the state.

In each case, the Medical Society, its staff, and physician volunteers hit back. We took our punches. But we hit back in ways we never have before. And where we did not take the round, we learned some important lessons about how to win in the future.

We set up a combined legislative, legal, and public relations fight to overturn the gross receipts tax. And although we did not get it repealed, we intend to see the state in court over the issue. When Blue Cross finally instituted preauthorization of imaging, we were there on a weekly basis with them, first relieving individual practices of the administrative headache by getting the OK for radiology to perform the logistics, assuring that specialties were grandfathered out of the denial process expeditiously, and supporting the ENTs, oncologists, and cardiologists with their complaints with the process.

We released a comprehensive report on Minute Clinics to the public and to the Health Department as a preemptive shot across the bow and have yet to see this new form of corporate health care rear its head in our state.

We formed a broadly representative committee of members to set our policy on the pending merger of Lifespan and Care New England, which enumerated some of the potential benefits of such a merger but also detailed the necessary cautions that needed to be addressed before such a merger should be allowed to proceed. And, in the face of a delivery system already too-full of self-interest, we felt that any such merger would be better overseen by the state's new comprehensive health planning process where all the affected parties are represented. RIMS was the leading advocate for passage of that new law.

But our greatest challenge this year has been the battle of the state budget, the results of which have been nothing short of disastrous for Rhode Islanders, for health care services, and for any hope of fundamental reform of the health care delivery system in the near future. The Republican governor and his Democratic Assembly sycophants oversaw an orgy of health insurance cutbacks, shutting down of health programs for the neediest at the General Hospital, promoting cost shifting disguised as reform, and surfacing a proposal to move the entire Medicaid budget from

If you can't take the punches, it don't mean a thing

an entitlement to a block grant (the Global Medicaid waiver). All this in the face of a refusal to retreat on tax cuts for the most affluent of our residents. A year like this allowed us to separate our true friends from those who merely say they are. It's a lesson we take into the 2008 elections and into the new year.

But RIMS hit back even in the face of such a year, individually and with our coalition partners. We succeeded in minimizing the numbers of kids and adults cut from RIte Care, and we delayed the Global Medicaid waiver. Where in the past we usually fielded only two or three physicians to assist our government affairs director in lobbying at the State House, we sent 30 to 40 docs up there this year. And we further instituted cell-phone call-ins during a number of our Council meetings—a couple dozen docs calling their astonished legislators at home and opposing the assaults to health care.

One of the lessons we take from this year is that we need a long-term strategy to better succeed. The need for docs to get tougher and smarter in this battle was not lost on RIMPAC, our political action arm. RIMPAC held another Campaign School to train docs in running for office and supporting others who support us; it kept its powder dry and saved its money for the upcoming election season, where one physician is campaigning hard for a seat in the General Assembly; and we will be working actively to identify more physician candidates for 2010. We intend to make it clear to friend and foe alike that the time when physician interests can be minimized on Smith Hill is over.

Our staff and leadership team have also strengthened the Medical Society internally as well. Although the concept of a two-year term for RIMS president was not adopted, our president-elect now has a strengthened role in the active, day to day decision-making process, and starting this September RIMS will begin offering our president a thousand dollar a month stipend to defray any loss of income to her or his practice during their term. In addition we have professionalized our membership efforts adding scores of new members, strengthened our fiscal oversight, and have made available unique new services to our members.

As I leave the RIMS presidency, I leave behind a stronger organization internally and one that is better prepared to fight back during the hard times. We're not mourning, we're organizing, and our gloves are on. Join us in the effort.

It has been a singular honor for me to serve you and the physician community this year. ❖

RIMS Foundation Annual Charity Golf Classic

Monday, September 22, 2008
Ledgemont Country Club

Charles B. Kahn, MD, *Chair*

Watch for registration
information in the mail,
go to www.rimed.org,
or contact Steve DeToy at
401-331-3207.



RIMS on hospital mergers

A RIMS *ad hoc* committee chaired by former RIMS President **DAVID P. CARTER, MD**, has developed a document on hospital mergers which has been shared with state authorities, RIMS members and, in early June, with the media. It, along with a list of the committee members who contributed to it, is available at www.rimed.org.

The document is generic by design but does offer specific comments on the potential impact of the planned Lifespan/Care New England merger. The document takes no position for or against any particular merger and was developed and disseminated before the Lifespan/Care New England merger applications were filed in June 2008.

The document's seven recommendations include a call for moratorium on all hospital mergers until a statewide coordinated health planning process is available to provide a context for evaluating such major corporate changes. Such a process is mandated by a 2007 state law but has only begun to be implemented.

The proposed merger of Lifespan and Care New England would create an entity with more than \$2 billion in patient revenue, some 17,500 employees and about seventy percent of the state's hospital beds. The merger plans call for Butler Hospital and Brown's Alpert Medical School to relocate in the vicinity of the Rhode Island/Women & Infants campus. ❖

RIMS on retail clinics

A RIMS *ad hoc* committee chaired by former RIMS President **FREDRIC V. CHRISTIAN, MD**, developed a white paper on retail-based clinics that is available at www.rimed.org along with a complete list of the committee members who contributed to it.

This new genre of for-profit health care facilities includes "Minute Clinics," which have been installed in many CVS pharmacies in Massachusetts and in many other states.

The RIMS white paper finds that these convenience clinics are antithetical to the Advanced Patient-Centered Medical Home model. It sets forth a number of criteria that licensing authorities ought to consider, should retail clinics move to enter the Rhode Island market. ❖

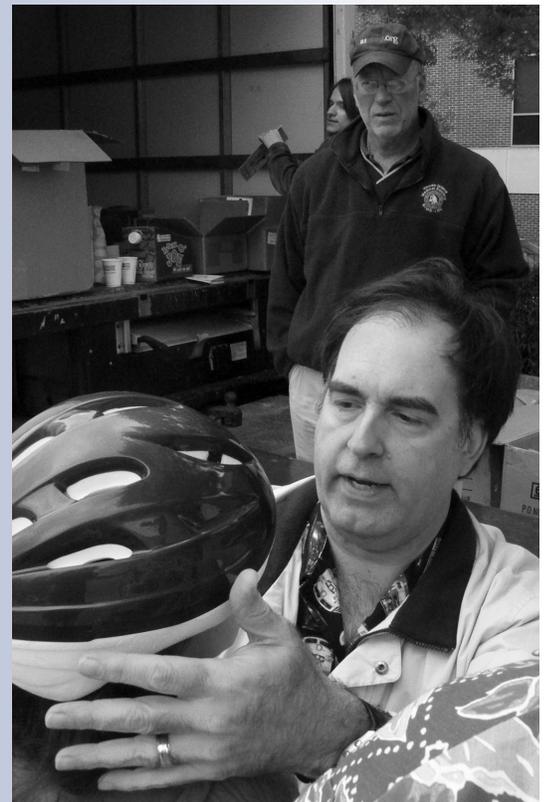
2007 Statistics from the RI Board of Medical Licensure and Discipline

During the calendar year 2007, the Rhode Island Board of Medical Licensure and Discipline, which is chaired by the Director of the RI Department of Health, received 279 complaints against physicians. In response to these 279 complaints, the Board initiated 182 investigations. It closed 126 investigations during 2007, with an average time-to-close of 117 days.

The Board issued 23 public orders regarding physicians during 2007. Of these, 6 were related to medical negligence, 4 to drugs or alcohol, 3 were reciprocal actions in response to another state's findings of unprofessional conduct against a Rhode Island licensed physician, 3 related to crime in the practice of medicine, 3 related to falsification of records, 2 related to medical/psychiatric illness in a physician, 2 related to inappropriate relationships between physicians and patients or a third party, and 2 related to inappropriate prescribing (one of these cases involved prescribing by internet without establishing a physician/patient relationship; the other involved facilitating the medical practice of an unlicensed physician. Some of the 23 orders included more than one of the 25 circumstances enumerated.) ❖

RIMS annual bike helmet distribution

RIMS Public Laws Chair and Past President Michael Migliori, MD, fitting a bike helmet outside Newport Hospital. This year for the first time RIMS held its annual bike helmet distribution on Aquidneck Island. In the background are RIMS Government Relations Director Steven DeToy and "volunteer" Andrew Migliori.



A tribute to Dr. Herbert Rakatansky

The following remarks were delivered by Newell Warde, Executive Director of RIMS, on the occasion of Dr. Rakatansky's retirement from medical practice on May 30, 2008.

I am grateful for this opportunity to say a big, public "thank you" to Dr. Herbert Rakatansky on behalf of the Rhode Island Medical Society.

Dr. Rak is a pillar of the Medical Society, and he has been for more than 30 years. His career is an affirmation of all the reasons why doctors come together in professional organizations.

He was President of our Society in 1985–86, which was a turbulent time of massive liability crisis.

Later we made him a Delegate to the AMA, where he served for seven years. That brought him together with hundreds of other physician leaders from all over the country, and as a result, in 1994, the President of the AMA personally appointed Dr. Rakatansky to the AMA's most prestigious body, the Council on Ethical and Judicial Affairs (CEJA). Also known as the "Supreme Court of Medicine," CEJA is the profession's ultimate authority on matters of medical ethics. Dr. Rak served on CEJA for seven years, the last two years as Chair.

So that's a pretty impressive record of leadership and service to the profession. But obviously I haven't even mentioned what everybody knows about Dr. Rak, which is that for 30 years – so far! – he has led the Physician Health Program of the Rhode Island Medical Society.

Not only led it. It is no exaggeration to say that he invented it. And he has continually reinvented it over the past 30 years. It is an incredible achievement, and an incredible legacy of leadership, of crystal clear vision, and of deep devotion to the profession and to colleagues. It is also an incredible gift to the medical community (and by the way also to the dental community, the podiatric community and the physician assistant community, because

all of those professional groups are full participants in our program). And it's an incredible gift to the people of Rhode Island.

You could say that it all started 30 years ago this very month. In 1978, two prominent and beloved doctors in this community died by their own hands. The first of those two shocks came in the early May of 1978. Dr. Rak did not know this gentleman, but he reacted immediately. Already in the June 1978 issue of the *Rhode Island Medical Journal* there appeared a letter-to-the-editor reflecting on this recent tragedy. And if ever there was a seminal letter, this was one, signed by this young Herbert Rakatansky, MD, and published there, in our journal under the apt heading "Vulnerability of Physicians."

In that letter, Dr. Rak issued a challenge, that the Rhode Island Medical Society should create a program of some kind to address these special needs of physicians.

The response from the Medical Society at that time was predictable. They said "Herb, that's a great idea. Why don't you do it?"

Today our Physician Health Program is a gem. It does delicate, difficult and voluminous work, and it does it very well. I am convinced there are few places in the country where these things function quite as well as they do here in Rhode Island. There are many reasons for that and many people who deserve credit. We have always had a Committee of very dedicated people, – all of them recruited by Dr. Rak, of course. And since 1990 we have had outstanding, professionally qualified staff, hand picked by Dr. Rak. For ten years it was our RN, the late, great Bill Moclair, and for the past eight years we've had our wonderful and tireless MSW, Rosemary Maher. I won't belabor this point because I know others will speak to it, but let me say, from the Medical

Society's perspective, because it is so important, that we value our exceptionally well balanced relationship with the state authorities, and by that I mean the Board of Medical Licensure and Discipline and its outstanding leadership for the past 21 years.

But it is Dr. Rakatansky who has provided the consistent vision, the energy, commitment and leadership, with a capital L, that have made our program successful in protecting patients, saving medical careers, saving reputations, marriages and lives.

And I have to mention that for about 20 years now, Dr. Rak and his colleagues on the Committee and Rosemary have also nurtured and mentored a completely separate and parallel program for medical students at Brown, the Medical Student Health Council. I don't have time to begin to tell you about those students. Suffice it to say they have already made their mark on the world, and they are serving a vital purpose at Brown.

Dr. Rak does all of this as a gift to the profession and the community. He has always been purely a volunteer. And I will share a little secret with you. For the past 30 years Dr. Rak has never asked or allowed the Medical Society to reimburse him a penny for the national and international conferences that he participates in every year.

Maybe that'll change now that he's retired, because the good news today for me, and really for all of us as Rhode Islanders and as doctors – is that Dr. Rak has always promised that when he retires from medical practice he will have even more time to devote to the Physician Health Program and to the Medical Society.

I cannot imagine a finer, more profound and meaningful example of collegiality and professionalism.

And for all that I say: thank you, Dr. Rak. ♦

Physicians can cut their liability exposure with FDA notices delivered by email

FDA patient safety notices are now available to doctors by email, free of charge. The Health Care Notification Network is a valuable new free service that enhances patient safety and reduces physicians' professional liability exposure.

Doctors can go to www.hcnn.net to learn more about HCNN and to sign up. Enrollees receive timely notification of product recalls and warnings from the Food and Drug Administration delivered through a secure, dedicated email network. The service carries no extraneous material and no advertising.

Medical liability insurers, including the NORCAL Mutual Insurance Company, are involved with HCNN and are recommending the service to doctors.

NORCAL announces level rates for Rhode Island in '09

The NORCAL Mutual Insurance Company at its Annual Meeting in Monterey, California, announced that it will again seek no change in insurance rates in Rhode Island for 2009. A decision on another possible dividend for Rhode Island policyholders awaits further study.

On September 26, NORCAL's top executives will be in Providence, as they are every September, to meet with RIMS and RIMS-IBC leadership. The Californians, led by NORCAL CEO James Sunseri, will present a detailed review and analysis of Rhode Island loss experience, trends and rates.

The June event in Monterey was the first annual meeting to be chaired by long-time board member David R. Holley, MD. Dr. Holley, a radiation oncologist from Monterey and a former President of the California Medical Association, became Chair of the Board on January 1.

CANDACE L. DYER, MD, of West Bay Surgical Associates, a former President of the Rhode Island Medical Society, was reelected to another 3-year term as a member of the NORCAL board of directors. ❖

Does RIMS have your correct email address?

RIMS' special electronic communications to members are a vital and unique benefit of membership. Our email bulletins go out when there's an important and timely reason, not to meet an arbitrary production schedule. You may get no bulletins for a month, or two in one day, as circumstances may require.

To be sure you don't miss these electronic bulletins, please keep RIMS apprised of your current email address. You can email the information to Sarah Stevens at sstevens@rimed.org at any time.

RIMS never shares or sells members' email addresses and never spams its members.

We've Got You Covered

The *RIMS Insurance Brokerage Corporation (IBC)*, in cooperation with *The Good Neighbor Alliance Corporation*, now offers members preferred rates on a comprehensive array of products including

- Health
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- Pension Plans
- Worker's Compensation
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For more information on the products and services available to you and your practice as a RIMS member, please call **401.828.7800** or visit The Good Neighbor Alliance Corporation online at www.goodneighborall.com.

Office hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday.



The Good Neighbor Alliance Corporation
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It's Good to Have Endorsements in an Election Year

Rhode Island Medical Society and 30 other medical and professional societies endorse NORCAL as the professional liability insurer for their members. That's because they know that 9 out of 10 claims NORCAL processed last year were closed without indemnity payments. They also know NORCAL has returned \$358 million in dividends to our policyholder owners since 1975. **Visit www.norcalmutual.com today, or call RIMS Insurance Brokerage Corporation at 401.272.1050. NORCAL. Your commitment deserves nothing less.**



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Graphic Designer: Cindy		MM:	Joanne

New avenue for dialogue with the RI Blues

In 2007, the Rhode Island Medical Society and Blue Cross & Blue Shield of Rhode Island, along with the national Blue Cross & Blue Shield Association, most Blues plans nationwide and several other state medical societies, arrived at a settlement of a class action lawsuit that had been brought in 2002 by the state medical societies. The settlement resolved a range of issues between the Blues plans and physicians regarding claims processing, contracting, and other areas.

One provision of the settlement obligates each Blues plan, including BCBSRI, to establish a new avenue of communication with physicians. The settlement stipulates that the members of the new body are to be cooperatively appointed by the state medical society and the corresponding Blues.

In Rhode Island, RIMS and BCBSRI have constituted a Healthcare Solutions Partnership Committee (HSPC), which is charged with identifying, exploring and resolving issues arising from the relationships and interactions between and among Rhode Island physicians, their patients, and BCBSRI. While BCBSRI maintains other structures and committees designed to promote dialogue with community physicians, the HSPC was established to meet the specific requirements set forth in last year's settlement agreement.

The twelve-member HSPC is to meet at least every six months and is comprised of physicians representing a spectrum of specialties. Four were appointed by the Rhode Island Medical Society; another four were appointed by BCBSRI. Those eight physicians then cooperated in appointing four more colleagues.

The HSPC is chaired by **PETER HOLLMANN, MD**, an internist and Associate Chief Medical Officer of BCBSRI. The other members of the Committee are: **NATHAN BERAHA, MD**, Pediatrics; **DAVID CARTER, MD**, Family Medicine; **MARLENE CUTITAR, MD**, General Surgery; **NITIN DAMLE, MD**, Internal Medicine; **VERA DEPALO, MD**, Pulmonary/ Critical Care; **KATHLEEN FITZGERALD, MD**, Gynecology; **ELIZABETH LANGE, MD**, Pediatrics; **DIANE SIEDLECKI, MD**, Internal Medicine; **MARGARET SUN, MD**, Family Medicine; **PETER TILKEMEIER, MD**, Cardiology; **BARRY WALL, MD**, Psychiatry.

Physicians are encouraged to bring issues or concerns to any member of the Committee for consideration at a future Committee meeting. Issues may include such things as:

- Initiatives to improve patient care and clinical quality
- Initiatives to enhance communication, relations, and cooperation between physicians and BCBSRI
- Clinical or administrative matters that affect interactions between physicians and BCBSRI

Contact information for each member of the HSPC, future Committee meeting dates, and full information about the terms of the settlement agreement (known as the Thomas/Love Settlement) are available in the "Provider" section of www.bcsri.com

RIMS Annual Banquet and Inauguration of Officers

Saturday, September 27
Reception 6:30pm, Dinner 7:30pm
Biltmore Hotel, Providence

Charles L. Hill Award Recipients:

Alvan E. Fisher, MD
Kenneth H. Mayer, MD
Physicians for Human Rights

Invitations will be mailed mid-August.

PCPs using EMRs can earn more from BCBSRI

In March 2007, Rhode Island Blue Cross President Jim Purcell announced that his company would increase fees for primary care physicians (PCPs) over a three-year period starting August 1, 2007. Accordingly, all PCPs (which BCBSRI considers to be internists, family physicians, pediatricians, and geriatricians) received an initial 4 percent increase from Blue Cross effective August 1, 2007, and another 3 percent boost on April 1, 2008.

In addition, on July 1, 2008, PCPs who use a "qualified" electronic medical record (EMR) became eligible to receive an additional 5 percent increase, and they can also qualify for yet another 5 percent increase on July 1, 2009.

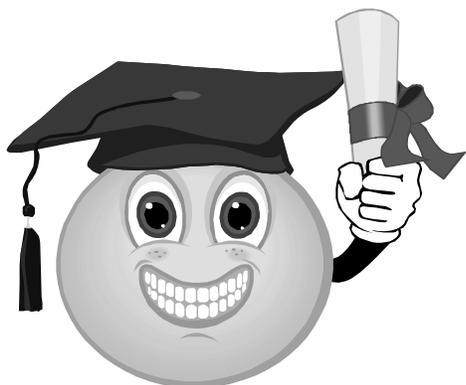
A "qualified" EMR must have certain functionalities for e-prescribing, clinical documentation and care management. In addition, in order to be eligible for the higher payment rates, the physician must demonstrate use of the EMR's capabilities to enhance patient care. The use of an EMR certified by the Certification Commission for Healthcare Information Technology (CCHIT) is not required for the 2008 increase, but it will be required for the 2009 increase. (NOTE: RIMS strongly recommends that physicians in the market for an EMR system consider only CCHIT-certified products; full information is available at www.cchit.org.)

Physicians seeking to qualify for the EMR fee increases must first complete a survey, which is available online in the "Providers" section of www.bcsri.com.

BCBSRI has informed RIMS that physicians have submitted only a relatively low number of EMR surveys to date. The company says it would like to see all primary care physicians who are using a qualified EMR submit an EMR survey and qualify for the improved reimbursements.

Fee schedule changes for those who qualify will become effective 60 days after the first of the month following approval of the EMR.

Questions can be directed to the BCBSRI Physician and Provider Service Center at 401-274-4848 or 1-800-230-9050.



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- Comprehensive search to identify colleges that meet chosen criteria
- Meyers Briggs Personality Testing
- Review of college selection criteria and fit
- Navigator Reports for admissions, selection, college visits and career

Financial Aid Filing Process

- Complete Free Application for Federal Student Aid (FAFSA)
- Complete CSS Profile form
- Complete institutional need-based financial aid forms
- Ensure that forms are filled out accurately and on time
- Review Divorce/Separated, Business/Farm Owners form
- Review and update Student Aid Report (SAR)
- Check the accuracy of work done by government and college processors
- Advise colleges of any special circumstances that might increase eligibility

Review and Appeals Process

- Evaluate your award letters
- Write appeal letter(s) and assist in negotiating for more financial aid when appropriate
- Complete verification forms



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STANLEY ARONSON, MD, founding Dean of the Medical School at Brown, former Editor of *Medicine @ Health Rhode Island*, and celebrated medical columnist whose popular and erudite commentaries appear each Monday in the Providence Journal, was honored by the Rhode Island Council for the Humanities in a ceremony attended by more than 300 guests at the Botanical Center at Roger Williams Park.

PIETRO RUSSO, MD, has been honored by the American Medical Association upon the 50th anniversary of receiving his medical doctorate. Dr. Russo, a pediatrician living in Pawtucket, has been an AMA member for 48 years and a RIMS member for 44 years. He received his medical degree from the University of Messina Medical School in Italy in 1958. The AMA honors 50-year medical graduates at <http://www.ama-assn.org/ama/pub/category/17533.html>.

DAVID MOSS, MD, is President of the Rhode Island Chapter of the American Association of Orthopedic Surgeons. **JOE LIFRAK, MD**, is Vice President. **MIKE BELANGER, MD** is Secretary-Treasurer. **IRA SINGER, MD**, is Councilor, and **RICK TEREK, MD**, is At-Large Member of the Executive Board. **MARK COPPES, MD**, is Past President, and **GREG AUSTIN, MD**, is past Councilor. All serve 2-year terms.

PATRICK J. KELTY, MD, is President of the Rhode Island Urological Society. **CURTIS JONES, MD**, is Secretary-Treasurer. **MARK SIGMAN, MD**, is Past President. Dr. Kelty will represent the RIUS on the Council of the Rhode Island Medical Society. Officers serve 2-year terms.

DONNA KUCHARSKI, MD, is President of the Rhode Island Society of Anesthesiologists. **FRED BURGESS, MD**, is Vice President and Treasurer. **BRETT ARRON, MD** is Secretary. **TREVOR SUTTON, MD**, is Immediate Past President. Dr. Kucharski will represent the RISA on the Council of the Rhode Island Medical Society. Officers serve 2-year terms.

PHILIP R. RIZZUTO, MD, is President of the Rhode Island Society of Eye Physicians and Surgeons. **ROBERT H.**

JANIGIAN, JR, MD, is Vice President. **DAVID R. RIVERA, MD**, is Secretary. **FRANCIS FIGUEROA, MD**, is Treasurer. **MAGDALENA KRZYSTOLIK, MD**, is Member-at-Large of the Executive Committee. Dr. Rizzuto represents RISEPS on the Council of the Rhode Island Medical Society. Officers serve 2-year terms; the Member at Large serves a 1-year term.

MARLENE CUTITAR, MD, is President of the Rhode Island Chapter of the American College of Surgeons / Providence Surgical Society. **DIETER POHL, MD**, is President-Elect. **STEPHEN MIGLIORI, MD**, is Treasurer. **JORGE LAGARES-GARCIA, MD** is Secretary. Past Presidents are **MICHAEL P. VEZERIDIS, MD**; **HAROLD J. WANEBO, MD**; and **JOHN ISAAC, MD**. Officers serve 2-year terms.

EDWARD J. WING, MD, is the new Dean of Medicine and Biological Sciences at Brown University. A native of Mineola on New York's Long Island, Dr. Wing is a graduate of Williams College and Harvard Medical School. A specialist in infectious disease, he trained at Brigham and Women's and at Stanford University. Dr. Wing joined RIMS immediately upon coming to Rhode Island and Brown in 1998 and has served as Chair of the Department of Medicine and Physician-in-Chief at Rhode Island Hospital and The Miriam Hospital, as well as Executive Physician-in-Chief at Memorial of Rhode Island, Women & Infants and the VA.

ALYSON MCGREGOR, MD, has been elected to the Board of Directors of the Rhode Island Medical Women's Association.

PATRICIA LYNCH-GADALETA, PA-C, is President of the Rhode Island Academy of Physician Assistants. **JAMES CARNEY, PA-C**, is Secretary-Treasurer.

YUL EJNES, MD, is quoted extensively in the current edition of Modern Healthcare from testimony he presented on July 24 in Washington before the Health Subcommittee of the House Ways and Means Committee. Dr. Ejnes, a former RIMS President and current Chair of the ACP's Medical Services Committee, warned Congress not to mandate physicians' use of electronic health records, saying that,

"for many physicians, the business case to invest in EHR/HIT simply does not exist." Mandates also make no sense currently, he added, given that "issues relating to interoperability, standards and functionality have yet to be fully resolved." Dr. Ejnes told the Congressmen and -women that the greatest benefits of health information technology could be realized through the Patient-Centered Medical Home model.

AMPAC'S CANDIDATE WORKSHOP and AMPAC's Campaign School will take place February 12-15, 2009, and April 15-19, 2009, respectively, in Arlington, VA. The rich and practical curricula are applicable to running for public office at any level. AMPAC covers all costs of the Workshop and the School for current AMA members, except transportation to Washington. Physician alumni of these AMPAC programs have gone on to serve in the U.S. Congress and in elected offices at the state and municipal levels. One Rhode Island physician attended the Campaign School in 2007 and gave it rave reviews. Applications are available through RIMS.

THE PHYSICIAN CONSORTIUM FOR PERFORMANCE IMPROVEMENT, led by the AMA and comprised of more than 100 national medical specialty and state medical societies, has developed more than 200 evidence-based measures on 31 clinical topics to help physicians lead the way in assuring that patients receive safe, quality care.

TRICARE wants Rhode Island physicians to know that they can now receive the Department of Defense Uniform Formulary electronically at http://www.pec.ha.osd.mil/TRICARE_Formulary/TRICARE_Formulary.html. This electronic publication of the formulary is intended to facilitate e-prescribing. TRICARE's Deputy Director also sent a letter to RIMS in June saying "Please pass along my personal thanks to your membership for their vital role in taking care of America's heroes – the people making sacrifices to keep our country strong and safe." ❖

2008 Rhode Island Tar Wars® winner takes 5th place nationally

Sixth grader Margaux Fontaine of The Community School in Cumberland, RI, was recognized on Capitol Hill in Washington, DC, on July 22, after judges chose her Tar Wars® poster as fifth best among winning posters from 40 states.

Margaux, who was chosen the Rhode Island winner last May 10 in Newport, was in Washington with her parents and sister, courtesy of the Rhode Island Medical Society Foundation and the Rhode Island Tar Wars® program. The Rhode Island program is in its 15th year and has previously produced fourth-place and a sixth-place national finalists.

Hill Courtyard at Newport Hospital was the setting on Saturday, May 10, for finale of this year's Tar Wars® Rhode Island Statewide Poster Contest. The annual contest brings together fifth-grade students from school districts throughout the state to compete for an all-expenses paid trip to Washington, DC, to participate in the National Tar Wars poster competition. The national winner gets a grand prize trip to Disney World with his or her family.

Co-sponsors for this year's event were Newport Hospital, the Rhode Island Academy of Family Physicians, the Rhode Island Chapter of the American Academy of Pediatrics, and the Rhode Island Medical Society.

Student posters are judged on their creative designs and their clear and positive anti-tobacco messages. Celebrity judges for the 2008 competition in Rhode Island included **DR. SARAH FESSLER**, President of the Rhode Island Academy of Family Physicians; **DR. PATRICIA FLANAGAN**, Board Member of the Rhode Island Chapter of the American Academy of Pediatrics; **BARBARA MORSE SILVA**, Channel 10 News Health Reporter who has kindly served as a judge almost every year; **DR. NICK TSIONGAS**, President of the Rhode Island Medical Society; and **DR. TERRY MCWILLIAMS**, Vice President of Medical Affairs at Newport Hospital.

Developed by the Academy of Family Physicians in 1988, Tar Wars® teaches critical thinking about tobacco advertising, helps children make informed choices and resist peer pressure. Each year, roughly 70 RIMS member physicians volunteer their time to go into as many as 74 schools throughout Rhode Island, where they see some 3500 pupils in the program. Subsequent to the classroom presentations, each school coordinates a Tar Wars® poster contest and enters its winning poster in the statewide competition.



RI first-place winner and national 5th-place winner, Margaux Fontaine, of the Community School in Cumberland, RI.

The national competition is a two-day event that recognizes contest winners from all over the U.S. and Canada. Students are provided an opportunity to voice their opinions about tobacco use to their Congressional representatives, participate in workshops on staying tobacco-free, and meet other state winners who share their tobacco-free priorities.

The second-place winner of the 2008 Tar Wars® Rhode Island poster contest was Robert J. Esposito, III, from R. C. LaPerche School in Smithfield. Robert received a \$75 gift certificate to the Providence Place Mall. Anna Sroczyński, from St. Philomena School in Portsmouth, received a \$50 gift certificate to the Providence Place Mall as the third-place winner.

Tar Wars® Rhode Island is made possible through contributions from the Rhode Island Academy of Family Physicians, the Rhode Island Chapter of the American Academy of Pediatrics and the Rhode Island Medical Society Foundation. ❖

Visit www.tarwars.org for more information, including pictures of winning posters back to the year 2000.



*Back Row (l to r): Dr. Terry McWilliams, Newport Hospital; Barbara Morse Silva, Channel 10 News; Dr. Patricia Flanagan, RI Chapter of the American Academy of Pediatrics; Dr. Nick Tsiongas, President of RIMS; Dr. Arthur Frazzano, Chair, Rhode Island Tar Wars; and Dr. Sarah Fessler, Rhode Island Academy of Family Physicians.
Front Row (l to r): First-place winner, Margaux Fontaine; second-place winner, Robert Esposito; and third-place winner Anna Sroczyński.*

AAFP honors RIMS

At a ceremony on Capitol Hill in Washington, DC, the American Academy of Family Physicians presented its Tar Wars Star Award to the Rhode Island Medical Society in recognition of RIMS' support for the Tar Wars Program in Rhode Island since 1993.



Tar Wars is an educational program and poster contest designed to discourage tobacco use among young people. The Tar Wars curriculum, recommended for fourth and fifth-graders, focuses on the reasons people smoke, the consequences of tobacco use and critical analysis of tobacco

advertising. The students create posters, and the best poster from each school is entered in a statewide poster contest organized annually by RIMS. Each year, the RIMS Foundation sends the creator of the winning Rhode Island poster to the American Academy of Family Physicians' National Tar Wars Poster Contest in the Washington, DC, area – one of the routine purposes to which monies raised through the RIMS Foundation's annual golf tournament go. (The tournament is coming up on September 22 this year.)

The Rhode Island Academy of Family Physicians introduced Tar Wars to the state and sponsors the program along with the RI Academy of Pediatrics, the Pediatric Residency Program at Hasbro Children's Hospital and RIMS.

Arthur A. Frazzano, MD, is Chair of Tar Wars in Rhode Island and RIMS' Catherine Norton is the program coordinator.



RIMS Executive Director, Newell E. Warde, PhD (left) in Washington, DC, accepting an award on behalf of RIMS from the American Academy of Family Physicians. James Applegate, MD, (right) is Chair of the AAFP Tar Wars Program Advisors.

Tar Wars has been implemented in 48 states and has reached more than 1 million children since it was developed in Denver in 1987. The program has reached tens of thousands of Rhode Island students in more than 50 schools. Each year some 70 Rhode Island physicians volunteer to teach the Tar Wars curriculum in the middle schools, and many do so year after year. For more information, visit www.tarwars.org.