



RHODE ISLAND

MEDICAL NEWS

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RHODE ISLAND MEDICAL SOCIETY
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No Rhode Island entities among the "Pioneer ACOs"

As of January 1, 2012, the experiment is already underway for 32 "Pioneer ACOs" across the country, including six in California, five in Massachusetts, three each in Minnesota and Michigan, and two in Texas. Other New England states represented in the mix are Maine and New Hampshire, which each have one Pioneer ACO.

None of the entities named by CMS in December as "Pioneer ACOs" is based in Rhode Island, Connecticut or Vermont. (ACO stands for "Accountable Care Organization.")

The 32 "Pioneers" were selected from among 80 applicants nationwide. Rhode Island's Lifespan hospital system did not apply. A spokesperson for Lifespan told the *Providence Business News*, "We're not set up to be an ACO as of yet."

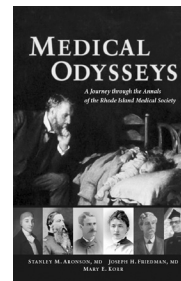
The "Pioneer ACO Model" is an initiative of CMS' Innovation Center and is somewhat distinct from the kind of ACO called for by the Affordable Care Act of 2010. Both models are "shared savings programs," but the stakes are a little higher for the Pioneers, in terms of both risks and rewards. The selection criteria for the Pioneer ACOs included having experience in operating as an ACO-like, integrated care delivery system.

All of the Pioneer ACOs now operating in Massachusetts are based in the Boston area. They are: Atrius Health Services; Beth Israel Deaconess Physician Organization; Mount Auburn Cambridge Independent Practice Association; Partners Health-care; and Steward Health Care System. (Steward is the Boston-based, for-profit hospital system that is currently in the process of acquiring Landmark Medical Center in Woonsocket. Steward took over the troubled Catholic hospital system Caritas in 2010. Steward is owned by the private equity firm Cerberus Capital Management, which is headquartered in Manhattan.)

The other Pioneer ACOs in New England are Dartmouth-Hitchcock ACO, which serves New Hampshire and Eastern Vermont; and Eastern Maine Healthcare system, which serves central, eastern and northern Maine.

More information about Pioneer ACOs is available at www.innovations.cms.gov/initiatives/aco/pioneer.

More information on garden-variety ACOs is available at www.cms.gov/sharesavingsprogram.



Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society.

Essays by Stanley M. Aronson, MD; Joseph H.

Friedman, MD;

and Mary Korr. Edited by Mary Korr. Design by Marianne Migliori Design. Preface by Kathleen C. Hittner, MD. Published by the Rhode Island Medical Society, 2011. Paperback. 250 pages. Illustrated.

Fans (and there are many) of Dr. Stanley Aronson's uniquely erudite, instructive and entertaining essays on medicine and medical history will want to add this latest volume to their collection.



This time around, Dr. Aronson invited the current Editor-in-Chief of *Medicine @ Health Rhode Island*, Dr. Joseph Friedman, to join him in assembling a new selection of commentaries in honor of the Medical Society's bicentennial. Mary Korr, whom RIMS commissioned to edit the new collection, was inspired to contribute her own series of well-researched and entertainingly written new essays on aspects of RIMS' history. The result, published by the Medical Society in November, is *Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society*, which contains 69 short essays – 28 by Dr. Aronson, 26 by Dr. Friedman, and 15 by Ms. Korr.

Visit www.rimed.org for information on how to obtain a copy.



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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.

AT THE GENERAL ASSEMBLY

RIMS' 2012 legislative agenda

The RIMS Public Laws Committee, chaired by Dr. Michael Migliori, has initiated eleven pieces of legislation in the current General Assembly session. The session opened on January 3.

RIMS' initiatives address diverse aspects of health care, including professional liability, good Samaritan liability, health insurers' management of pharmacy benefits, medical records, broader options for professional corporations, repeal of provider taxes, and various public health matters (indoor tanning, obesity, substance abuse).

At least three of the bills are likely to attract considerable publicity and bring a flood of industry advertising and lobbying dollars to the state. The beverage industry, for example, is not shy about opening its deep pockets to defeat RIMS' proposal to tax distributors, manufacturers

and wholesalers of sugar-sweetened beverages. Similarly, the tanning salon industry will again fight fiercely to defend its right to enrich itself by encouraging a growing number of young people, especially young women, get an early start on the road to melanoma.

On February 29, local television news and radio talk shows focused in on RIMS' legislation to enable physicians to express empathy and sorrow for a patient's suboptimal outcome without the doctor's own words later being used as a weapon in a lawsuit. The presence of actor James Woods at the State House to testify in support of RIMS' bill that day helped attract the spotlight.

One measure less likely to arouse public passions but still important to many patients and doctors is RIMS' bill that would regulate the "fail first"

General Assembly commemorates the 1812 founding of RIMS

On March 8, 2012, the Rhode Island General Assembly commemorated the two-hundredth anniversary of the chartering of RIMS with a proclamation recognizing the Medical Society for its service to the state and its citizens over two centuries.

RIMS' President, Dr. Nitin S. Damle, was introduced on the floor of the House of Representatives and the Senate on the occasion and received the official congratulations and good wishes of the solons on behalf of the Society.

RIMS' beginnings

The General Assembly originally called the Rhode Island Medical Society into being on Tuesday, February 25, 1812, by approving a petition and draft charter that

had been submitted by a group of physicians. By the act of granting the charter, the legislature incorporated the forty-nine petitioning physicians as the Rhode Island Medical Society. Many of the petitioning doctors had traveled to the Old State House on Benefit Street in Providence to pack the House and Senate chambers that day in support of the charter, which had been previously blocked for years by the objections of "irregular practitioners" and by the partisan hostility of anti-Federalists. (Most Rhode Island doctors were Federalists.)

The organizational meeting of the Medical Society was held eight weeks later on Wednesday, April 22, 1812, in the Senate chamber on Benefit Street. Since 1812, RIMS has always regarded April 22 as its birthday.

requirement imposed on patients by some health insurers in order to reduce the utilization of certain brand-name drugs. (Patients have to fail to respond well to a cheaper alternative before the insurer will cover what the doctor prescribed.)

Another of RIMS' bills would add the dangerously addictive compounds known colloquially as "bath salts" to Schedule I of the controlled substances act. RIMS also seeks good Samaritan protection for any person who administers an opioid antagonist to another person to counteract the consequences of overdosing. Other bills would tweak and update existing laws relating to health care durable power of attorney (mental health services would be explicitly added), professional service corporations and medical records. ❖

Bicentennial observances

RIMS' bicentennial gala will take place on Saturday evening, April 21, at Rosecliff Mansion in Newport. Any member who has not yet received an invitation may call Sarah Stevens at 401-528-3281 or email sstevens@rimed.org.

Other bicentennial observances include a public lecture series on "Neuroscience and Society" in October in cooperation with the Brown Institute for Brain Science and the Norman Prince Neurosciences Institute; a family outing at the Naval War College on July 20; receptions for the authors of *Medical Odysseys* (the first took place on December 15); the inauguration of two new prizes for medical students in May; and other events to be announced. ❖

RIMS' leadership in Washington DC



RIMS' leadership and staff traveled to Washington to visit Congressional offices on the critically urgent matter of Medicare's SGR formula. Above: Senator Sheldon Whitehouse with RIMS' President-Elect, Alyn Adrain, MD, and Past President Barry Wall, MD, on February 14. Below: Senator Jack Reed with RIMS' Past President Charles B. "Bud" Kahn, MD, on February 15.





NITIN S. DAMLE, MD
PRESIDENT

Bicentennial reflections

Any anniversary is an opportunity for reflection. Certainly as the Rhode Island Medical Society

observes its bicentennial this year, we have much to ponder about the present condition and future direction of our profession.

A tidal wave of challenges is breaking over us. The Affordable Care Act of 2010 mandates systemic reforms, which are being implemented even as the U.S. Supreme Court prepares to rule on the constitutionality of the Act this summer. Regardless of what the Court finds, governments and payers are desperate to solve the cost conundrum and are charging forward on an urgent mission to reshape the landscape of health care. New payment models are supposed to reward "value" instead of volume. Carrots and sticks are brandished at us on all sides. Pressure mounts on the health care industry to expedite its reluctant embrace of the digital age. Meanwhile,

ICD-10, "maintenance of licensure," and "comparative effectiveness research" are waiting in the wings to add new layers of complexity and obligation to the practice of medicine over the next few years. It's as if isolated teams of myopic academics were laboring madly in their ivory silos, each bent on designing new ways to bedevil us with their own brand of "creative destruction."

To help RIMS members cope, the Medical Society is planning a series of brief, to-the-point webinars this spring in response to members who say, "Don't make me come to a meeting, and don't waste my time! Just tell me what I need to know right now!" The webinars will be archived on our website so that members can access them at any time, at their own convenience.

Of course, the medical profession has faced challenges and changes before – though not often on the scale of disruption we are seeing today.

As the saying goes, the only thing we learn from history is that we don't learn from history. Still, it's worth reflecting a bit on our own past as we observe this venerable milestone. What are the secrets of organizational survival? Are there useful lessons to be gleaned from RIMS' exceptionally long history? Indeed, RIMS in 2012 is not merely a survivor. It is thriving. Membership stands at an historic all-time high – and this at a time when many similar organizations are seeing their membership numbers stagnate or decline.

RIMS' claims to fame are many. Check out the bulleted list of highlights of RIMS' 200-year history on the next two pages. Our reason for being from the beginning was to lift the profession, advance patient care and promote public health. We embraced the state and its people and repeatedly stepped up in magnificent ways to take responsibility for the health of Rhode Islanders. We were the first state society, or among the very first, to welcome women and minority physicians as members. We have always been a progressive and resourceful organization.

Surely no organization survives and thrives for two hundred years without continually adapting and reinventing itself from the inside, while also projecting its value outward to the broader community. RIMS has clearly done both quite successfully by focusing always on what is best for patients. As the needs of patients and doctors have changed, RIMS has responded. Its mission has evolved from a focus primarily on medical education and clinical information to more of a focus on public education and advocacy.

Looking back, it is evident that RIMS has risen to many occasions, embraced change and proven to be remarkably forward-looking, committed, inclusive and adaptable. RIMS and its members will need to summon those qualities anew as RIMS enters its third century. ❖

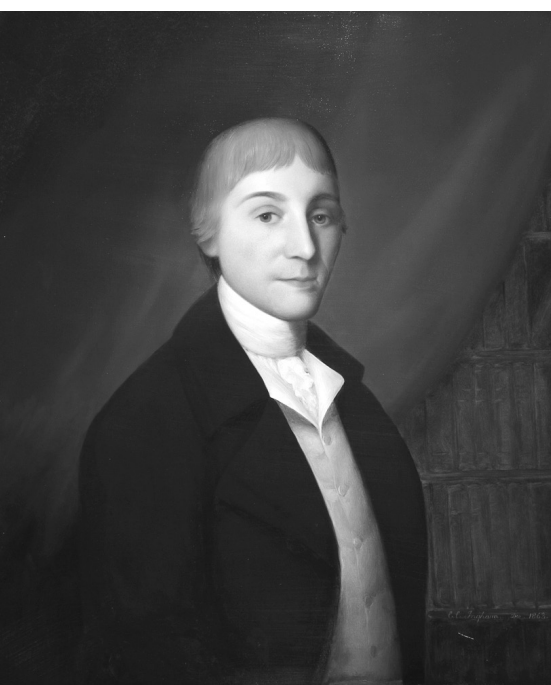
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Some highlights of the 200-year history of the Rhode Island Medical Society

- **Founded on April 22, 1812**, RIMS is the eighth oldest state medical society in the nation, after New Jersey, Massachusetts, Delaware, New Hampshire, Connecticut, Maryland and New York, in that order.
- **In 1818**, RIMS appointed Dr. Solomon Drowne to represent the Society at the founding of the U.S. Pharmacopeia. RIMS was one of eleven organizations involved in the founding.



PAINTING BY CHARLES CROMWELL INGHAM JOHN HAY LIBRARY, BROWN UNIVERSITY PORTRAIT COLLECTION

Solomon Drowne (1753–1834), Brown University Class of 1773, MD Dartmouth. Dr. Drowne was the first professor of materia medica (pharmacology) at Brown University's first medical school, 1811–1827. He was one of 49 founding members of the Rhode Island Medical Society in 1812 and represented the Society at the founding of the U.S. Pharmacopeia in 1820. Drowne's home, which he dubbed Mount Hygeia, still stands on Mount Hygeia Road (Route 94) in Foster, Rhode Island.

- **In 1847**, RIMS was among the medical schools and medical societies that founded the American Medical Association.
- **In 1852**, RIMS succeeded in getting the state to mandate the collection of vital statistics, making Rhode Island the fourth state to do so. Since no Health Department yet existed to do the work, RIMS itself undertook the collection, analysis and publication of vital statistics statewide, and faithfully performed this invaluable work annually for 26 years until the Department of Health was established.
- **In 1859**, RIMS began publishing a regularly appearing clinical journal under the title, *Transactions of the Rhode Island Medical Society*. Except for a brief hiatus in 1918–1919, necessitated by the service of so many RIMS members in World War I, the Medical Society has published a clinical journal continuously for 153 years, mostly as the *Rhode Island Medical Journal*. In 1992, it became *Rhode Island Medicine*; and since 1996 it has been *Medicine & Health Rhode Island*, published in partnership with the medical school at Brown, the RI Department of Health, and Healthcentric Advisors (formerly Quality Partners of Rhode Island).
- **From 1862 to 1865**, Portsmouth was the site of the largest hospital that has ever stood on Rhode Island soil. The 1,400-bed military hospital at Portsmouth Grove was established quite literally overnight and eventually served tens of thousands of sick and wounded soldiers from both the Union and the Confederate armies.
- **In 1863**, RIMS and the Providence Medical Association founded Rhode Island Hospital, the first non-military, general hospital in Rhode Island. The hospital opened its doors in 1868.
- **In 1870**, RIMS succeeded in getting the state to establish a board of pharmacy, making Rhode Island one of the first states to license and regulate pharmacists.
- **In 1872**, RIMS was the second state medical society to open its membership to women physicians. (Kansas was the first, also in 1872. Why Kansas? On their way to statehood, Kansans had their consciousness raised by campaigning suffragettes; the campaigners failed to win the vote for women in Kansas, but they apparently impressed the medical community in the process of trying.)
- **In 1877**, RIMS' Delegation to the annual meeting of the AMA included Anita E. Tyng, MD, one of the first women to attend the national meeting.
- **In 1878**, RIMS succeeded, after years of effort, in persuading the General Assembly to establish a Department of Health.
- **In 1889**, RIMS hosted the House of Delegates of the American Medical Association for the first and only time in Rhode Island. The convention was held in Newport.
- **In 1895**, after some 83 years of lobbying, RIMS succeeded in getting the General Assembly to pass a medical practice act to protect the public from unqualified practitioners.
- **In 1896**, RIMS was among the first state medical societies, (RIMS may have been the very first), to welcome black physicians as members.
- **In 1904**, RIMS established a House of Delegates as its supreme governing body.
- **In 1911–1912**, RIMS built and opened to its members and the public the library building that stands at 106 Francis Street in

Providence, across from the State House. For most of the 20th century, the building was the premier center for continuing medical education in southeastern New England. The Society employed full-time, professional librarians and by the 1960s it subscribed to some 400 medical journals from 29 countries. The second floor auditorium seated about 300 persons and was packed with doctors on a weekly basis for clinical lectures.

- **In 1931**, RIMS established its Maternal Health Committee, now the oldest such committee in continuous existence in the nation.
- **In 1939**, RIMS founded the Hospital Service Corporation of Rhode Island (Blue Cross).
- **In 1949**, RIMS founded the Rhode Island Medical Society Physicians Service (Blue Shield).
- **In 1963**, RIMS' "End Polio Campaign" put Rhode Island on the map as the first state in the union to immunize its entire population against polio.
- **In December 1963**, the Rhode Island Delegation to the AMA House of Delegates challenged the AMA to deny membership to any doctor who belonged to a state society that would not accept black physicians as members. After long and heated debate, the Rhode Island resolution was defeated.
- **In 1965**, RIMS' "End Measles Campaign" immunized over 35,000 children. It was the nation's the first state-wide effort to wipe out measles.
- **In 1975**, faced with a sudden crisis of availability of liability insurance, RIMS mounted an unprecedented effort to reform the Rhode Island tort system and establish the Joint Underwriting Association on an emergency basis.
- **In 1978**, RIMS established the Rhode Island Medical Society Insurance Brokerage Corporation to provide expert, highly professional service to physicians.
- **In 1979**, responding to three physician suicides in Rhode Island the previous year, RIMS established the Physician Health Program. The PHP today serves the entire population of Rhode Island physicians, dentists, podiatrists and Physician Assistants.
- **In 1983**, RIMS established the Rhode Island Medical Society Foundation.
- **In 1984–1986**, RIMS conducted a massive public relations and legislative campaign to reform the tort system.
- **In 1987**, RIMS made a gift of its 50,000-volume library collection to Brown University. Today, thousands of the most rare and valuable books of that collection reside together in the Lownes Room of the John Hay Library at Brown.
- **In 1992**, RIMS played a leading role in the successful transformation of Rhode Island's catastrophic worker's compensation system into a program that is a model for the nation. The reforms have since saved hundreds of millions for Rhode Island employers in every industry.
- **In 1994**, RIMS brought NORCAL Mutual to Rhode Island. NORCAL was the first medical professional liability insurer with an A.M. Best rating to do business in Rhode Island since 1975. Indeed, Best rated NORCAL A+ for its superior strength and stability.
- **In 1995**, RIMS established the "Carter Council," a newly configured governing body that brought together the leaders of the state's major specialty societies six times a year. The nickname recognizes

the leadership of Dr. David Carter, RIMS President 1994–1995, whose brainchild the new body was.

- **In 1995**, RIMS created Rhode Island Quality Partners as its "quality arm." Today RIMS' daughter is thriving as a completely independent organization. In 2011, it renamed itself Healthcentric Advisors to better reflect its national footprint.
- **In 1997**, RIMS' 93 year-old House of Delegates voted itself out of existence in recognition of the greater effectiveness and responsiveness of the "Carter Council," established in 1995.



- **In 2003–2005**, RIMS conducted a massive, multi-front campaign to improve the environment of medical practice in the state. The effort included an historic State House rally in March 2003 and succeeded in halting, and later reversing, a trend of reimbursement cuts. Liability reform, judicial reform, anti-trust reform, and the creation of the Office of the Health Insurance Commissioner were major focuses of the multi-year effort. In the spring of 2005, RIMS successfully called for the ouster of the CEO of BCBSRI. RIMS' activism set off chain reactions that resulted in the resignation and incarceration of several prominent individuals, and a multi-million dollar fine levied against BCBSRI. ❖

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Evaluating and negotiating new payment models

A new resource from AMA is free to all physicians and available at www.ama-assn.org/go/payment

Public and private payers are moving away from fee-for-service toward new “pay for value” methodologies, which involve various forms of risk-sharing: withholds, risk pools, capitation, shared savings, and bundled payments.

To help physicians survive and, hopefully, thrive in the new environment, AMA has just introduced a new, free, practical, internet-based tool titled “Evaluating and negotiating emerging payment options.” It is available at the URL cited above. The AMA plans to update the tool continually, as the environment evolves and new insights emerge.

The AMA points out that the commonly used terms “value-based” and “risk-based” are misleading. “Budget-based” is a better way to conceptualize the new payment systems, because the primary determinant of physician payment is going to be the extent to which the actual cost of providing care to a patient population varies from the health plan’s projected budget for that care. Physicians who come in at or below budget projections will be rewarded, while physicians who exceed the budget will be penalized.

The keys to success under “budget-based” payment systems are: 1) the ability to predict utilization and thereby the ultimate costs for a population of patients, and 2) the ability to deliver the actual services efficiently.

The first question, then, must always be whether the health plan’s budget for a given population of patients is reasonable; i.e., whether it is actuarially sound. This is not an easy question to answer, given the wide variation among individual patients. Half the U.S. population consumes less than \$1,000 worth of medical care per year, while 1% of patients use \$44,000 or more in health care services a year. Health insurance companies in some markets have been adept at exploiting these discrepancies, using overt and covert techniques to

assure themselves of a healthy body of subscribers, while attempting to stick their competitors with the unwell.

Obviously, no ethical physician can play the insurance companies’ games. However, in order to navigate budget-based payment systems successfully, doctors must master concepts like “actuarial soundness,” “risk adjustment” and “risk mitigation.” They also need solid data in order to be able to evaluate risk-based payment arrangements, negotiate the precise terms of such arrangements, and manage the revenue cycle associated with the new payment models.

The new AMA resource offers practical support for physicians in these areas:

- How the budget-based methodologies that underlie all risk-based payment arrangements work, and how physicians can evaluate a health plan’s projected utilization budget.
- Why participation in risk-based payment models requires physicians to adopt more sophisticated accounting practices than those required under fee-for-service, and how physicians should calculate their own true costs of doing business – a step that is of fundamental importance before assuming risk.
- How to evaluate a plan’s pay-for-performance proposition in terms of its methodology for measuring and weighing patient satisfaction, quality, and cost-effectiveness in determining the payment to the physician.
- How to succeed under capitation. How to move from cash to accrual accounting, track incurred-but-not-reported liabilities, define the division of financial responsibility (DOFR) between the health plan and the physician group and evaluate the actuarial soundness of proposed per-member-per-month payments based

on that DOFR. How to obtain and use patient enrollment data to minimize retroactive adjustments.

- How to evaluate bundled payment proposals. Will physicians receive their portion of a bundled payment directly from the payer? How is an episode of care defined? What does the bundle cover, and how will the payment be apportioned among the participating professionals?
- How to evaluate shared savings arrangements, (e.g., ACOs).
- The role and impact of withholds and risk pools in risk-based payment arrangements. How to identify fellow risk pool participants. How to ascertain how costs will be allocated among risk pool participants and verify the accuracy of the calculations used to determine remittances or the retention of withheld amounts.
- Understanding the health plan’s risk adjustment methodology. How to evaluate its validity and impact.
- Why physicians participating in risk-based payment arrangements are advised, and sometimes required, to obtain stop-loss insurance coverage to protect themselves against losses associated with catastrophic cases. Tips on shopping for such coverage.
- How to work with an actuary to assess and manage the risk associated with a budget-based payment arrangement.
- How to negotiate with a health plan on a budget-based payment arrangement.
- How participation in budget-based payment arrangements may enable independent, competing physicians to “financially integrate” enough to engage in joint price negotiations without violating antitrust.
- Ethical implications of risk-based payment arrangements.

Links to other useful practice management resources:

Visit www.ama-assn.org/go/ACO to access "ACOs, CO-OPs and other options: A 'how-to' manual for physicians navigating a post-health reform world." This resource helps physicians maximize their chances of success in the post health-reform world. Topics include: accountable care organizations (ACOs), consumer operated and oriented plans (CO-OPs), partnering with hospitals or health insurers, and managing antitrust risks.

Visit www.ama-assn.org/go/pmalerts to subscribe to AMA Practice Management Alerts and receive advice by email on unfair payer practices, ways to counter these practices, and a host of other practice management tips, resources and tools.

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Federal share of Rhode Island Medicaid costs projected to decrease through 2014

Rhode Island is among the majority of states (about 30 out of the 50) that are likely to see continued decline in the proportion of the federal government's participation in the cost of their Medicaid programs over the next two years. The cost-sharing formula continues to apply under Rhode Island's famous "Global Waiver," the five-year agreement between Rhode Island and the federal government that the Carcieri Administration negotiated in 2008. It was granted in January 2009 and expires December 31, 2013. (The Global Waiver, which gives the state greater flexibility in how it uses Medicaid money, is often confused with a block grant, which it is not. While Rhode Island's Global Waiver is capped at \$12.1 billion over five years, the state can only collect federal money as long as it spends an almost equal amount of its own.) By the end of the current year, Rhode Island must either request an extension or submit a phase-out plan.

The federal share of each state's Medicaid costs is recalculated annually based on the state's per capita personal income for the past three calendar years, compared to the national average. The resulting number is called the Federal Medicaid Assistance Percentage (FMAP).

A state with a per capital income matching the national average receives an FMAP of 55.00 percent and pays the remaining 45.00 percent itself. (The District of Columbia is an exception: it has an FMAP fixed in statute at 70 percent.)

Rhode Island's FMAP for the federal fiscal year 2011 (October 1, 2010–September 30, 2011) was 52.97 percent. Its 2012 FMAP is 52.12 percent. Its 2013 FMAP will be 51.26 percent, and its 2014 FMAP is projected to be 50.00, which is the lowest permissible by federal law. Rhode Island's neighbors, including Massachusetts, Connecticut, New Hampshire, New York, New Jersey and Maryland, have already been at the 50 percent level at least since 2011. Besides Rhode Island, Illinois and North Dakota are also slated to drop to the 50 percent FMAP level in 2014.

Contrary to stated federal policy, Rhode Island's FMAP is apparently dated. It is based on the calendar years 2006–2008, which explains why the state's current economic circumstances seem not to be reflected. It is an open question at this point whether the state's FMAP may rebound, once newer data are factored in.

The Affordable Care Act provides for substantial expansions of the population eligible for benefits under Medicaid, effective in January 2014. ❖

New rules for fund transfers aim to ease payment reconciliation

The Centers for Medicare & Medicaid Services released interim standards in January for electronic funds transfers. CMS said the new standards should cut as much as \$4.5 billion from administrative costs for doctors and hospitals, private health plans and government entitlement programs over the next 10 years.

The new standard will require a trace number that matches the payment with the notice. Additionally, the new tracking system is supposed to permit automated reconciliation, relieving medical offices of the need to perform the task manually. All health plans covered under the Health Insurance Portability and Accountability Act (HIPAA) must comply by January 1, 2014. ❖

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Michele; Dugald Munro, MD

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The SGR saga: Congress votes 14th short-term patch

Congress did it again on February 17. For the fourteenth time in ten years, Congress put off resolving Medicare's "sustainable growth rate" problem and guaranteed itself, doctors, seniors, military families and the nation an even bigger and more frightening headache at the end of 2012.

Without this latest band-aid, payments to doctors under Medicare Part B would have shrunk by 27.4 percent across the board effective March 1, 2012. Instead, cuts in the neighborhood of 32 percent are now slated to take effect on January 1, 2013 – barring a 15th postponement, or – what are odds? – an actual resolution to the problem. ❖

ICD-10: postponed indefinitely

Bowing to concerns strongly expressed by the AMA House of Delegates, Health and Human Services Secretary Kathleen Sebelius announced on February 16, 2012, that the implementation date for ICD-10 in the U.S. would once again be delayed, this time for an as yet unspecified period.

The compliance date for ICD-10 was once October 1, 2011; the deadline was later postponed until October 2013. Now Sebelius says HHS will announce a new compliance date in the near future. That date may fall sometime in 2014, but many physicians are asking for another two-year reprieve until 2015. They argue that too many innovations are being pushed upon medical practices in an uncoordinated fashion in too short a time – e-prescribing, EHRs, HIPAA 1050, "Meaningful Use," "value purchasing," "comparative effectiveness" and all the provisions of the Affordable Care Act.

While the postponement enables the AMA to chalk up another regulatory victory in a matter that many U.S. physicians considered crucial, not everyone is thrilled with the delay.

"The need to replace ICD-9 and go to a better coding system is still out there and hasn't gone away," said Sue Bowman of the American Health Information Management Association. ICD-10 has been widely used in other developed countries for many years.

But most physicians welcomed the reprieve, and they are not alone. Insurance companies too were struggling with the deadline. ❖

Therapeutic Insights: Treatment of Tobacco Dependence

Tobacco dependence has joined COPD, hypertension, migraine and Alzheimer's, community acquired pneumonia and the management of HIV in primary care among the topics treated by the AMA's quarterly newsletter, *Therapeutic Insights*. The newsletter is available free to all physicians at www.ama-assn.org/go/therapeuticinsights.

The newsletter offers:

- Up-to-date, disease-specific prescribing data
- Disease demographics, co-morbidities, data on patients diagnosed and treated vs. diagnosed and not treated
- Best practices and evidence-based therapy guidelines presented in case-study format
- AMA PRA™ Category 1 Credit
- Integrated views of actual treatment practices for the respective disease states
- A new disease-specific newsletter every quarter. The newsletters are archived online.

(The prescribing data in *Therapeutic Insights* are provided by IMS Health. The AMA does not collect or have access to physician prescribing data in any form.) ❖

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200 Bicentennial

The American Medical Association (AMA) is pleased to join in celebrating the Rhode Island Medical Society's (RIMS) bicentennial anniversary.

The AMA commends RIMS for contributing 200 years of committed representation and valuable advocacy to our profession.

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Congratulations RIMS on reaching this important milestone!



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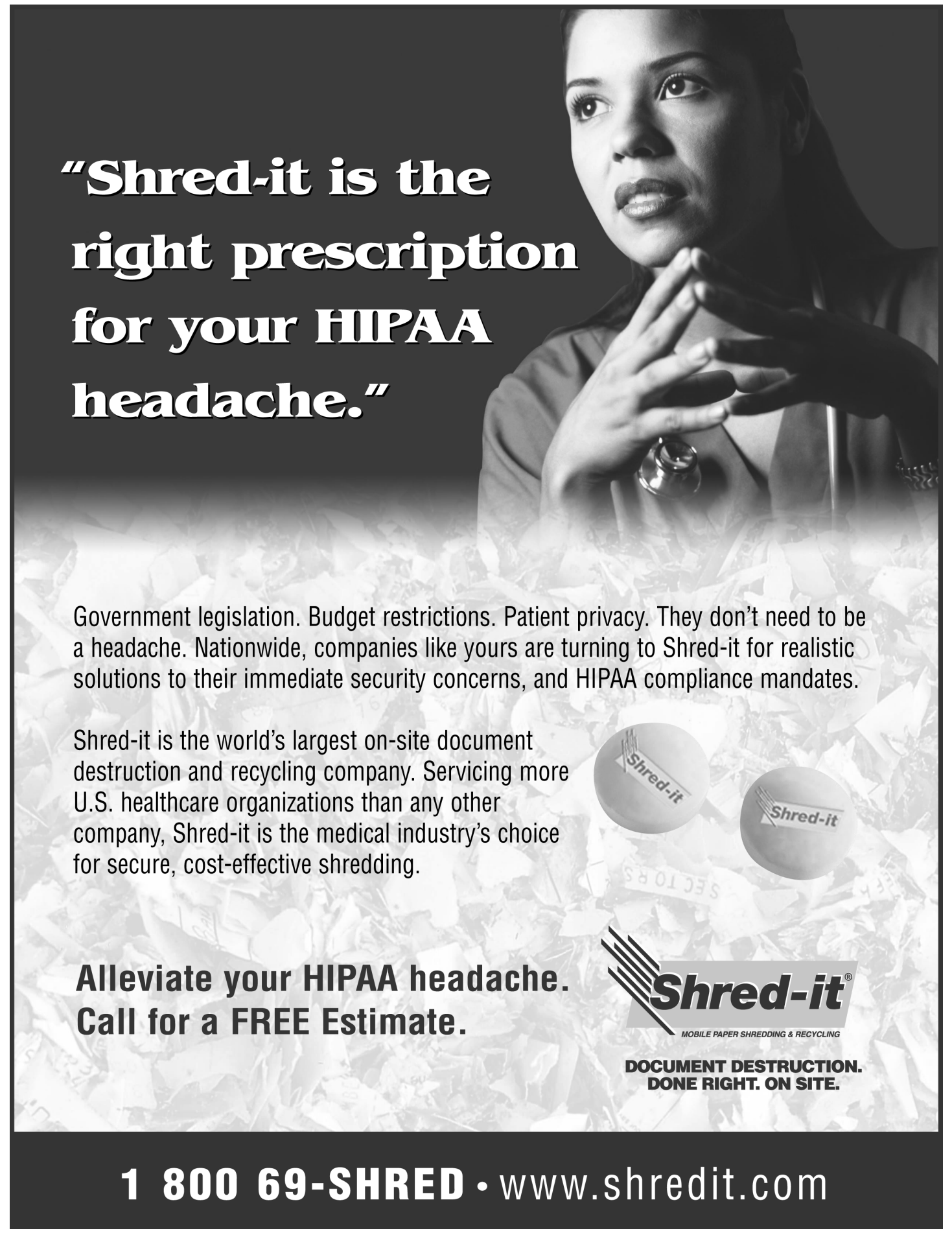
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Rosemary Maher, ACSW, LICSW 2011 Social Worker of the Year

The Rhode Island chapter of the National Association of Social Workers honored their colleague, Rosemary Maher, ACSW, LICSW, for exemplary professionalism and leadership in her work as director of the Rhode Island Medical Society's widely admired Physician Health Program. She joined RIMS' staff in August 2000.

In accepting the award, which was presented in the context of the Association's annual awards banquet in Warwick, Ms. Maher delivered the following remarks.

I attend this Social Work Awards Dinner every year because it is such an affirmation of the powerful and creative contributions that social work makes to the Rhode Island community.

It is an honor to share the "bill" with my fellow honorees and hear your stories, but that is especially true for me tonight with Judy Self. Judy, the recognition for you is long overdue!

And Jim Ryczek: your articulate and eloquent advocacy for the homeless always makes me so proud to be a social worker.

As I was thinking about what to say tonight, it was startling to realize that I have been a social worker for over 39 years. That realization made me stop and ask myself: How did I find my way to social work? What has kept me in this profession all these years?

Reflecting on the first question, I was reminded of something I heard in a lecture by Maya Angelou several years ago. She reminded us that "You have been paid for." That was her shorthand for saying that none of us stands alone in life. Rather, we are indebted to those who came before and prepared the way for us. It follows that we, in turn, have an obligation to those who follow us.

As I reflected on that, my first thought was of the lads and lasses who crossed the ocean to escape oppression and hunger. Their legacy was one of hope, resilience and the

belief that for every problem or crisis in life there is always a solution.

I am also in debt to my Clancy grandmother who was orphaned as a teenager and had to raise two younger siblings. There were no entitlement programs then. She deferred her own dreams to raise her brother and sister and then went on to raise her own family of nine children. (Today, we would call nine children and two adults an understaffed group home.) My grandmother taught all her children that you had to have a "good education," for that would always be your safety net.

My mother modeled what it means to be an empathic listener and what a gift it is to be heard. My father taught me about the importance of social and economic justice and that silence in the face of injustice is not an option. He taught me that we are our brother's keeper.

So, as I put all the pieces together, it is no wonder that social work has always been the right place for me to be.

It has been a wonderful run – always renewing the challenging and energizing opportunity to live a life of purpose.

I have been sustained all these years by the fact that this has never been a solo experience. It has been the Supervisors, Teachers and Colleagues who have made it doable and possible.

My career has been blessed with wise and patient supervisors who kept me moving and growing. They always knew when to listen and when to challenge. I am forever in their debt.

Two of the best years of my life were those I spent at Boston University School of Social Work. As we say in Rhode Island, I had "awesome" teachers. The two critical teachers were my field supervisors, Candice Burnett and Irena Smith. I learned so much from both of them. They both set a high bar, and I dreamed of the day I could be their peer.



After graduate school, I was fortunate to continue at Bradley Hospital under Irena's tutelage. In those days, Bradley was in the front lines of child abuse and sexual abuse treatment, and I was so proud to be part of the dedicated and talented clinical team assembled by Bruce Burnett in the Child Guidance Clinic. It was fun to be the rookie on that team.

I thought my career in social work was always going to be about children and adolescents, but a diversion to a clinical position in a residential treatment facility led me into a major ethical crisis and the experience of being a whistleblower. One does not choose to be a whistleblower, but sometimes you have no choice but to do the right thing.

What I will say is that all the right things eventually happened, but personally and professionally it was a devastating experience for me, and I did not know where to go for help. I came to understand what compassion fatigue and burnout meant. It took a while, but I found my way through it.

My own experience led me in a new direction professionally – into employee assistance work where I came to specialize in working with health care professionals. Helping a fellow helper has been incredibly humbling and rewarding.

I have been able to do this work because of the network of colleagues who are always willing to take the referrals, provide consultation and sometimes just listen. Thank you all!

I also want to thank my coworkers past and present, especially everyone here tonight from the Rhode Island Medical Society. I appreciate your patience with me and your support.

Finally, I want to thank my husband, Jim, for his loving support and patience, and for providing me with a safe haven.

What I want to leave you with is consideration of what it means to "matter." I learned it from my friend, Elda Dawber, when we co-presented on Compassion Fatigue for the Connecticut Health Professionals Program. Think about the people who have mattered to you, and recognize the people to whom we ourselves have been a person who mattered in their lives.

I really did not fully understand this concept until last fall, when I was approached by a young woman in the parking lot at work. She was very happy to see me and thanked me for how much I had helped her and her family. I had no visual recollection of who she was, and her name did not trigger a recollection either. I had to ask her what I had done. She told me that I had been kind and made them believe that their problems could be solved and life would get better. She reported that things did get better, but what I did that really mattered was that I was kind and respectful to her mother at a time when no one else was. She had always hoped that someday she would be able to thank me. I was humbled, thanked her. To this day, I still do not remember this girl and her family.

What this experience taught me was that everyone here tonight does work that matters in ways that we will never know. Often it is the simplest of interventions. So remember on difficult days that what you do, matters!

Thank you for this award tonight, for it belongs not to me alone, but to all of us together as we work together to make a difference. ♦

BRIEFLY NOTED

LIONEL BERCOVITCH, MD, is the new president of the Rhode Island Dermatologic Society. He succeeds James K. Herstoff, MD, of Newport. Dr. Bercovitch is Clinical Professor of Dermatology at the Warren Alpert Medical School of Brown University, director of pediatric dermatology at Hasbro Children's Hospital, and director of the Contact Dermatitis and Occupational Dermatology Unit at Rhode Island Hospital.

PAUL V. DEL GUERCIO, MD, a family physician practicing in Middletown, was declared "a hero" and recognized with a Director's Award by the Rhode Island Department of Health for his quick diagnosis and reporting of a case of measles. "Dr. Del Guercio's vigilance and sound judgment make him a hero to Rhode Island's community of health care providers," said Dr. Michael Fine, Director of Health. The patient, who presented to Dr. Del Guercio in his office at 294 Valley Road in Middletown, was a European in her 20s who had arrived in New York days earlier and traveled to Rhode Island by car.

Since the Rhode Island Medical Society's "**END MEASLES**" campaign inoculated over 35,000 children between the ages of one and twelve in 1965–1966, cases of measles have been rare in the Ocean State. The highly contagious disease remains common in many parts of the world.

MATTHEW KOPP, MD, is president of the Rhode Island Chapter of the American College of Emergency Physicians. He succeeds Daren Girard, MD, in that position. Achyut Kamat, MD, FACEP, is vice president. Brian Wiley, DO, FACEP, is secretary-treasurer.

MARY ANN PASSERO, MD, is the Rhode Island Medical Women's Association's Woman Physician of the Year. Dr. Passero will be recognized at RIMWA's annual meeting at the Marriott Hotel in Providence on Wednesday evening, May 9, 2012. Dr. Passero is director of the Cystic Fibrosis Center at Hasbro Children's Hospital in Providence.

HERBERT RAKATANSKY, MD, has joined the board of directors of the Rhode Island Free Clinic. A clinical professor emeritus at Brown and former partner at Gastroenterology Associates in Providence, Dr. Rakatansky will continue to serve as one of the Clinic's volunteer physicians while serving on the board. Dr. Rakatansky was president of the Rhode Island Medical Society in 1985–1986; he founded RIMS' Physician Health Program in 1979 and has chaired it ever since.

PHILIP R. RIZZUTO, MD, has been recognized for outstanding service on the Council of the American Academy of Ophthalmology, where he has represented the Rhode Island Society of Eye Physicians and Surgeons for six years. The Council is an advisory body to the Academy's Board of Trustees. Dr. Rizzuto was honored in the context of the Academy's Annual Meeting in Orlando in November 2011. **ROBERT H. JANIGIAN, MD**, was elected to succeed Dr. Rizzuto as RISEPS' Councilor to the Academy. Dr. Janigian's term as Councilor began January 1, 2012.

BARBARA H. ROBERTS, MD, is the author of *The Truth About Statins: Risks and Alternatives to Cholesterol-Lowering Drugs*. The 304-page paperback, scheduled to be issued by Simon & Schuster in April, provides comprehensive, patient-friendly advice on maintaining cardiovascular well-being. It includes heart-healthy recipes and discussion of the benefits and risks of statins, the world's most widely-prescribed drugs. Dr. Roberts is director of the Women's Cardiac Center at The Miriam Hospital.

BETTY VOHR, MD, is one of four Rhode Islanders and one of 73 individuals nationwide to be recognized as an "innovator" by the Centers for Medicare and Medicaid Services. In her capacity as Director of Neo-Natal Follow-Up at Women & Infants Hospital, Dr. Vohr is expanding a program that provides home-based support for premature infants. ♦

RIMS presents Dr. Pablo Rodriguez with the Rakatansky Award for Professionalism in Medicine

The Medical Society established the Dr. Herbert Rakatansky Award for professionalism and humanitarian service in 2009 in recognition of Dr. Rakatansky's thirty years of extraordinarily dedicated leadership and service as founder and chair of RIMS' Physician Health Program. Dr. Rakatansky himself was the first recipient of the new award; Dr. Edwin Forman was the second. Dr. Caroline Troise was the third. In 2011, Dr. Pablo Rodriguez was the fourth recipient. In accepting the award last fall in the context of RIMS' annual meeting in Newport, Dr. Rodriguez delivered the following remarks.



When I was told by my staff that I had to return a call from the president of the Medical Society, I immediately thought that I was once again late in paying my dues, and this was the call to kick me out. I was pleasantly surprised and relieved that I was not going to lose the discount on my life insurance.

Seriously, it is a tremendous honor for me to receive an award named after someone who represents the best values the medical profession has to offer. I have been in Rhode Island now for 26 years, and to be recognized by

my peers in such a way is one of the highest honors of my life.

I don't say the highest honor, because that one belongs to meeting my wife Diane, who has been my partner in crime, my life savior after our horrible automobile accident six years ago, and my companion in windsurfing, biking, stand-up paddleboarding, hiking and skiing.

Unfortunately for her, she also had to be subject to the hate and the vitriol that has been part of my professional career as an advocate for human and reproductive rights. No one should ever feel unsafe at home. But for Diane, this was an everyday feeling, when my boys were still toddlers, and even when I was lying in a coma in Dallas, after our family's fatal automobile accident, when she had to bury the pain of losing our beloved niece and deal with a police detail outside my room, because of perceived threats, once the news of my accident hit the press. In spite of that, she became my medical home in the ICU, and that is why I'm here today. Because I had multiple trauma, I was being cared for by every possible specialist, all trying to figure out what to save first. She organized everybody and ran daily conferences to make sure there was some degree of coordination in my care.

My grandmother always says that "*en casa del carpintero, cuchillo de palo*" (in the house of the carpenter, the knives are made of wood). And that is exactly what happens in medicine today. We measure patients by the sum of their parts, and not as a whole. It is so fitting that today we also recognize Dr. Frazzano, because some of his work in creating the basis of a medical home is where we need to be in the future, and Rhode Island is the perfect state to do it.

We in the medical profession are closest to the truth of people's lives.

It is hard to lie to your doctor about the things you lie about to the rest of the world. Whether smoking, drinking, having unprotected sex or overeating, eventually your doctor finds out. We are also closest to the truth about our broken health care system, and the need for reform. At a time when politicians play carelessly with the truth, there is nothing more sacred and valuable at risk than the health of our country.

Regardless of political ideology, I would like to take this opportunity to urge all of you to hold this truth as self-evident: those closest to the truth about the health care system should be the ones driving reform. I urge all of you to get involved, embrace reform and help drive it, so we can have a system based on evidence and best practices, and not just driven by politics. It is up to all of us. ♦

Does RIMS have your email address?

Email has become the preferred medium by which RIMS communicates timely information to its members.

Please keep Sarah Stevens (ss Stevens@rimed.org) apprised of your address.

RIMS never gives members' email addresses to third parties.

RIMS uses its broadcast email judiciously and exclusively for communications that are timely, important, informative and concise.

RIMS presents Dr. Arthur A. Frazzano with the Charles L. Hill Award for Outstanding Service



For nearly three decades, the Medical Society has occasionally recognized outstanding leaders in the Rhode Island medical community with the Hill Award, which is named for Dr. Charles L. "Pete" Hill, who succumbed to illness in 1983 during his tenure as president of the Rhode Island Medical Society. The Hill Award is essentially a service award. In accepting the Hill Award last fall in the context of the Medical Society's 2011 annual meeting, Dr. Frazzano offered the following remarks.

It is both a humbling honor and a high privilege to receive this award. Silent gratitude is of no use, so I am compelled to express how honored I am that you would bestow this award on me, and how humbled I am by the high standards that have been set by previous awardees.

In 1979, Tom Clarisse, as you remember, president of the Medical Society in 1986–1987, told me that in order to obtain privileges at Newport Hospital, I would need to be a member of the Rhode Island Medical Society. I have to admit that Newport, then

as now, was shrouded in secrecy, and I had no option but to believe Tom's little white lie. Obediently, I joined; and gladly, I have never looked back. The significance of what we say to our younger colleagues should never be underestimated.

The Medical Society has sometimes been referred to as a physician guild. I bristle at this label, simply because the professional society that is RIMS far transcends the narrow self-serving range of a guild. RIMS looks not only to ways it might benefit its members, but also to what it can do to advance the health and well-being of the community its members serve. Our duty as physicians is not merely to heal our patients, but also to teach future physicians and to advocate for the health of our patients.

The word "doctor" is derived from the Latin *docere*, meaning "to teach." This means far more than teaching students and residents, which we do as a matter of course. It also means being teachers to our patients, legislators and neighbors, and being a leader in the community.

The Medical Society is a forum for vetting good ideas. It is also the vehicle for getting things done that need doing. All of us have been part of many accomplishments that were products of the collective wisdom and collective action of the Medical Society membership.

Personally, I thank all of you for being a part of the clinical mentoring program known as the "Doctoring" course at Brown. Thank you for telling your friends and colleagues about it, and thank you for helping us to make "Doctoring" the crown jewel in the Alpert Medical School preclinical curriculum.

In addition to teaching medical students, I thank all of you who have given of your time to teach 5th graders the health benefits of

tobacco-free living through the Tar Wars Program. Imagine: more than 30,000 Rhode Island students have been touched by this program over the past 18 years.

The success of Tar Wars is epitomized by this year's Rhode Island winner, who went on to win first place in the national competition. She is Alana McGuiness, and she is here tonight with her family. We've had our Rhode Island champions finish as high as fourth and sixth in the nation in past years, but Alana is our first national champion. And there is an even more wonderful twist to this story; a surprising and original twist that Alana gave it herself. Not did she take the top national honors in the poster contest. She did something that no one has ever done before: she asked that her first prize (a trip to Orlando for her and her family) be converted to cash so that she could donate it, half to her school and half to the RIMS Tar Wars program, to help us reach still more children with the Tar Wars message of healthy living.

I want to ask Alana please to stand and be recognized. And while she is standing, let me also introduce my 29 year-old son, Andrew, as Exhibit B: back in 1993 at the St. Philomena School in Portsmouth, Andrew was a member of the very first Rhode Island cohort to receive the Tar Wars curriculum.

Lastly, please bear with me as I thank Irene, my wife, for her support. In the early years, she let me spend many hours away from home while she held down the fort. As our children grew, she became a welcome travelling companion. Beyond that, for 38 years she has always been a reliable sounding board and exemplary life partner. Thank you, Irene. ❖

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Rhode Island's first national Tar Wars winner donates her prize back to RIMS and to her school

Every year for the past 18 years, RIMS, the RI Academy of Family Physicians and the RI Chapter of the American Academy of Pediatrics have cooperated in carrying the tobacco-free message of Tar Wars into 40 to 50 or more Rhode Island middle schools and sending a statewide poster contest winner, with his or her family, to the national Tar Wars competition, which is generally held in the vicinity of Washington, DC.

The 2011 iteration of this familiar pattern included a couple of delightful and surprising twists.

First, the 2011 Rhode Island winner, **ALANA MCGINNESS**, a ten year-old from Bristol, went on to take first place honors in the national competition, the best showing ever for a Rhode Islander. But Alana came up with yet another way to demonstrate that she was indeed a worthy champ.

Her prize was an expenses-paid trip to Orlando with her family, worth two thousand dollars. But instead of accepting the prize for herself, Alana asked to be permitted to do something unprecedented: she wanted the cash (which is provided by the national AAFP) so that she could split it 50-50 between the Rhode Island Medical Society's Tar Wars program and her school, St. Mary Academy Bay View in Riverside. AAFP agreed to her proposal.

In a letter to the Medical Society, Alana wrote "The trip to Washington, DC, the big, blue ribbon and the memory of this awesome experience is award enough." RIMS members gave Alana a standing ovation at the Society's annual banquet last fall, where she and her father were special guests of RIMS.

The 2012 Rhode Island Tar Wars poster competition will culminate



with the selection of this year's statewide winner by a panel of celebrity judges on Saturday, May 12, at the Paul Cuffee School, 459 Promenade Street, in Providence. The event is scheduled to begin at 10 am. At the same location on that same morning, RIMS' annual distribution of bike helmets to RiteCare kids will take place starting at 9 am. Physician, PA and medical student volunteers are always needed and welcome to help fit bike helmets. Last year, RIMS gave away some 220 helmets, and the line of children waiting with their parents snaked around the block. ❖