



RHODE ISLAND

MEDICAL NEWS

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THE 2015 GENERAL ASSEMBLY SESSION

Provider taxes repealed *Much else left undone*

The 2015 session of the Rhode Island General Assembly ended abruptly a few minutes after 10 pm on Thursday, June 25. Going out with a whimper more than a bang, the Assembly engaged in little of the usual last-minute horse-trading and marathon late-night voting that traditionally mark the close of a legislative season on Smith Hill.

When most of the dust had settled by mid-July, it was evident that 2015 will be remembered as a singularly unproductive year for the General Assembly. (The “products” of the legislature, of course, can be good news for some and bad news for others.)

While the volume of legislative bills introduced in both chambers in 2015 was down by only 7% compared with 2014 (2,525 in 2014 vs. 2,352 in 2015), the number of bills actually enacted in 2015 was half the number passed in 2014 (285 vs. 555).

No doubt the low volume of legislation reaching the governor's desk contributed to another distinguishing feature of 2015: it was the first General Assembly session in decades to draw not a single gubernatorial veto.

Relief on the “provider taxes”

Among the important measures that did succeed in this otherwise “unproductive” year was the quick and clean abolition of the “provider taxes.” These two-percent “surcharges” on the gross receipts of physician-owned centers for imaging, surgery and endoscopy have burdened the medical community and driven services out of state ever since they were enacted at the tail-end of the 2007 General Assembly session. Before the ink was even dry eight years ago, the Rhode Island Medical Society launched an aggressive, two-pronged campaign to overturn the measure legislatively and judicially. The Society has renewed the fight and gained ground in the General Assembly every year since with support of many individual RIMS members and many

organizations, including the AMA, the AMA's Litigation Center, and other local and national organizations (see below).

However, the state's persistent fiscal distress has doomed every effort to overturn the taxes until this year, when Governor Raimondo included a multi-year phase-out of the provider taxes in her 2016 budget proposal to the legislature.

In the end, the final version of Article 11 of the state budget went the Governor one better: instead of being phased out over three years, the provider taxes were simply eliminated effective July 1, 2015, and are thus finally consigned to the dustbin of history, where they join the Medicare SGR formula as fair game for the Rhode Island's new official state insect, *microphorus americanus* (a.k.a. the American burying beetle), North America's largest carrion-eating beetle.

On the morning after the General Assembly recessed, RIMS trumpeted public thanks for relief from the provider taxes to Governor Raimondo, Senator Hanna Gallo, Representative Eileen Naughton, the Rhode Island Chapter of the American College of Radiology (especially Dr. Peter Evangelista), John Tkach and Dan Issa of Open MRI, Phil Lynch of XRA Medical Imaging, the RI Orthopedic Society, the RI Chapter of the American College of Surgeons, the RI Podiatric Medical Association, and allied members of the State House lobbyist corps Jeff Taylor, Pat Quinlan and Brian Goldman, as well as many individual physicians and a number national organizations, particularly including the AMA, the Litigation Center of the AMA and State Medical Societies, and the American Dermatological Association, for their financial and moral support throughout the long effort.

Frustration in extending RIMS' Good Samaritan Overdose Prevention Act

Among the most urgent and high-profile issues that were left unresolved when the legislators went home on June 25 was the Medical Society's

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

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

LETTER FROM THE PRESIDENT



**PETER KARCZMAR, MD
PRESIDENT**

Membership organizations are in flux. In 2015, with a gradual shift away from group participation and into the realm of Internet relationships, it is not always clear that there is value in joining.

But I'd like to make the case that for us, for physicians in 2015, it has never been more imperative to be part of an organization that helps us speak in a clear and cohesive voice.

That organization is the Rhode Island Medical Society.

I have been deeply honored to serve as the 156th President of RIMS. For more than 200 years, RIMS has served as the representative body for Rhode Island's physicians, medical students, and allied health professionals. From primary care physician to pulmonologist, RIMS supports all of us.

Why we need RIMS is because we cannot navigate the changes in health care policies alone.

There is no question that the way we practice medicine has changed dramatically over the past several years. We have seen the implementation of the Affordable Care Act and accountable care organizations, increasing use of electronic medical records, a shift from primary care physician-directed care of hospitalized patients to that of hospitalist care, and the consolidation of small group and solo practices by large health care institutions. And this is just skimming the top of a lengthy list of profound changes in our profession.

Increasingly, we are hearing discussions about changing payment models from traditional fee-for-service to value-based reimbursement. More than at any other time in history, our patients have access to non-traditional sources of medical information. They are better educated about their health care and demand better access to their own health care information. Whether or not you believe these changes are positive for the future of health care in the United States, there is no question that our predecessors would not recognize the current state of the medical profession and how we practice medicine. And still more dramatic changes continue to happen at breakneck speed.

Because of all this, we need an advocate. This is why there has never been a better time to join RIMS and become an active member. RIMS lets our voices be heard and makes sure we are able to contribute to the discussion on the evolution of healthcare.

RIMS pays attention to what is happening in the legislature so we individual physicians do not need to. RIMS advocates for physicians, and its efforts ensure that we have fair treatment and sound policies in all branches of state and federal government. RIMS speaks for us with the insurance industry, the media, and the community at large. Without RIMS, there would be no mandate for physician input, and insurers, legislators, and regulatory bodies would make critical decisions unilaterally. What impact would this have on our profession? RIMS makes sure that we are at the table, and that our views command attention.

We work most effectively when we work together and speak in one voice.

If you are an active member of RIMS, thank you and let us know what issues are important to you. Also, please consider joining one of our committees and encourage your colleagues to join. If you are not a RIMS member, please consider joining. Through membership RIMS gains strength as a vocal advocate for our profession's needs. Be part of it! ❖

RIMS' 2015 Annual Meeting: Saturday, September 26, on Field's Point

2nd Annual RIMS Member Convivium

A bouquet of firsts

When RIMS members gather on the shores of Narragansett Bay on September 26 to recognize and renew the Society's leadership, they will have the opportunity to relax, stroll and mingle as participants in a number of RIMS innovations. (This will be the second year of RIMS' free-wheeling "Convivium," a format conducive to easy socializing.)

For example, September 26 will mark the first time that RIMS has held its annual member gathering on a former brown field. Barely ten minutes from

Treatment Facility. They should press on resolutely through the open landscape until they reach Save the Bay Center, headquarters of the environmental watchdog and site of this year's RIMS Convivium. Johnson & Wales donated the 6-acre site to Save the Bay several years ago; the University has created its own Urban Coastal Greenway adjacent to it.)

September 26 will also be the first time in living memory that RIMS' annual member gathering has included the opportunity for a boating excursion on Narragansett



The Save the Bay Center at Field's Point in Providence

downtown Providence, Field's Point (named for Thomas Field, a British colonist who built a stone-ender home there in the 1600s) has been called "pure balm for the soul." This capped landfill, with its lapping waves, salty breezes, swaying switch grass, interpretative nature paths, Adirondack chairs and unobstructed views of the Bay, may tempt one to shed socks and even steal a nap.

(Members approaching the site may be forgiven for feeling they have taken a wrong turn as they drive through the Harborside Campus of Johnson & Wales University and pass the tall wind turbines that power the Field's Point Wastewater

Bay. The 46-foot, U.S. Coastguard-certified, bio-diesel fueled M/V Elizabeth Morris and her sister, 45-foot Alletta Morris, will be at our disposal. No extra cost is associated with the optional excursion, but interested members should please register (the boats together can accommodate only about 65 people) and plan to arrive early – by 5 pm – if they want to take in the excursion, which will last about 45 minutes and include commentary.

Finally, the brief speaking program of the Convivium will include the inaugural presentation of RIMS' newly established Stanley M. Aronson Award for humanism in medicine. Dr. Aronson is remembered



for many things, including teaching his students that medicine is the most humanistic of the sciences and the most scientific of the humanities. The first recipient of the Aronson Award will be **HERBERT RAKATANSKY, MD.**

RIMS' Charles L. Hill Award for outstanding service will be presented to **PETER A. HOLLMANN, MD.**

The Herbert Rakatansky Award for professionalism in medicine will be presented to **CHARLES B. "BUD" KAHN, MD.**

The John Clarke Award for distinguished public service will be presented to **U.S. SENATOR SHELDON WHITEHOUSE.** (The Award is named for Dr. John Clarke, 1609–1676, who negotiated and secured Rhode Island's radically liberal Royal Charter of 1663.)

DR. RUSSELL SETTIPANE will officially succeed Dr. Peter Karczmar as President of the Rhode Island Medical Society.

DR. SARAH FESSLER will become President-Elect of the Society.

DR. BRADLEY COLLINS, DR. CHRISTINE BROUSSEAU, and **DR. JOSE POLANCO** will be installed as Vice President, Secretary and Treasurer, respectively. ♦

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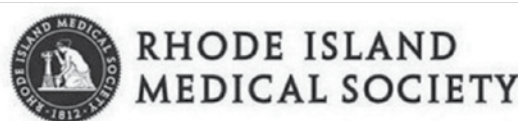
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measure to extend the life of RIMS' own proven and successful "Good Samaritan Overdose Prevention Act"; this year's bill would also have broadened the protections of the Act to include parole violators.

The original Act, which has provided immunity from prosecution to people who might otherwise risk exposing their own illegal behavior when they take action to save overdose victims, was scheduled to sunset on July 1, 2015. It should have been extended, especially in the context of the current nationwide epidemic of opioid overdose deaths, and especially considering that Rhode Island has the seventh worst death rate in the nation (239 lives last year) and the worst in New England. RIMS has long argued that police should put life before punishment and regard incidents of overdose as medical emergencies, not as crime scenes.

Despite all-out efforts by RIMS and many vocal leaders of the medical community, the Good Samaritan Act was allowed to sunset. As a fallback, RIMS President Peter Karczmar, MD; Brown University addiction studies pioneer David Lewis, MD; and RI Society of Addiction Medicine leader John Femino, MD, moved quickly to entreat Attorney General Peter Kilmartin and State Police Colonel Steven O'Donnell to use their "considerable discretion in applying the law" and "to publicly commit to not bringing criminal charges against those Good Samaritans who call 911, or against the individuals suffering from overdoses, while the legislature and governor determine the eventual fate of the Good Samaritan Overdose Prevention Act."

Other issues

The 2015 General Assembly debated chicken coops, cesspools, shark fins, charter schools and trucking tolls, but left most of these issues and a number of RIMS' own initiatives undecided. It did not debate the controversial prospect of taxpayer subsidies for the construction of a new home for the Pawtucket Red Sox, but House Speaker Nicholas Mattiello (D-Cranston) indicated that the General Assembly leadership might call a special session later in the year to address that question.

If a special session does come to pass, the solons might find time to take up some of their other unfinished business, like extending the Overdose Prevention Act. Otherwise, RIMS will be back in 2016 promoting that and other important health-related matters left on the table in 2015. ♦

Recent rulings hold important lessons for doctors

Besides upholding the Affordable Care Act and supporting same-sex marriage, courts and regulators have recently issued other landmark rulings that herald tectonic shifts for health care generally and for physicians in particular.

Below are four recent developments that have broad ramifications for physicians and patients everywhere.

US Supreme Court: Most professional licensure boards flirt with anti-trust violations

In February 2015 the U.S. Supreme Court sided with the Federal Trade Commission, ruling that the North Carolina dental board – like virtually every other professional licensure board in every state of the Union – is dominated by practicing professionals who are active "market participants" and, as such, can easily violate anti-trust law in the process of doing the board's work in good faith, i.e. regulating the practice of dentistry. (The dental board in North Carolina came to the attention of the FTC a few years ago when it sent "cease and desist" letters to non-dentists who were performing tooth-whitening services. Even though North Carolina law specifically includes such services in the legal definition of "the practice of dentistry," the FTC found the dental board's action to be "anticompetitive" and therefore illegal.)

Does this ruling mean that all the states, including Rhode Island's Health Department, must reformulate its many practice acts and repopulate its many boards? Does it mean that health professionals of all kinds in the future will be increasingly regulated and disciplined by laypersons?

Interestingly, the Rhode Island Board of Medical Licensure and Discipline may be the only medical board in the nation to be untouched by this Supreme Court ruling. The Rhode Island BMLD, which began its work in January 1987 (succeeding the old Board of Medical Review in the wake of a scandal), remains unique in the nation in that it is not dominated by physicians. Rather, physicians and laypersons each comprise fifty percent of the BMLD. Every other Health Department board, however, is dominated by members of the profession it regulates.

Minnesota Supreme Court: Rights and duties of a hospital medical staff vis-à-vis the hospital, and the importance of hospital staff bylaws

In December 2014, in a ruling that deserves the attention of every hospital administrator, every hospital board member, and every physician who serves on a hospital medical staff, the Minnesota Supreme Court upheld the concept of the independent, self-governing hospital medical staff and underscored the importance of physicians' professional autonomy.

These fundamental precepts of hospital governance protect patients, physicians, administrators and boards of directors alike, but laypersons who serve in the governance of hospitals can,

and often do, misconstrue what it means for them to be “ultimately responsible for the quality of care in the hospital” and misapprehend the bounds of their authority.

Physicians too, especially as more of them become employees of hospitals, must be clear in their minds that they are, above all, physicians and, as such, have ethical responsibilities to their patients that may not always appear to align with the interests of the hospital.

The case at hand was *Avera Marshall Medical Staff v. Avera Marshall Regional Medical Center*, which is located in Marshall, Minnesota.

First takeaway: Physicians must be vigilant and engaged in assuring that medical staff bylaws protect their individual rights and their role as physicians in promoting quality patient care.

Second takeaway: The Bylaws Committee of the hospital medical staff association is the most important committee at any hospital.

Inspector General of HHS: Some physician compensation arrangements may be illegal

On June 9, 2015, the Office of the Inspector General issued a stern “fraud alert” regarding a variety of physician compensation arrangements that violate federal “anti-kickback” laws. The OIG revealed that it had recently reached monetary settlements with a dozen individual physicians whose compensation by institutions was found to be improper. In most of the cases, the physicians’ compensation was linked in some way to past, current or anticipated referral patterns. The OIG warned that a facility’s remuneration of physicians, both direct and indirect, meets the definition of “kickback” if it is related in any way to the volume or value of patient business the physician channels, has channeled or is expected to channel to the facility.

The OIG also found impropriety where “an affiliated health care entity paid the salaries of the physicians’ front office staff.” Because this arrangement “relieved the physicians of a financial burden they otherwise would have incurred” coupled with the fact that the physicians did not provide the actual services being compensated, the OIG found that the arrangement constituted improper remuneration.

While these cases were settled under the Civil Monetary Penalties Law (the physicians in question were each personally responsible for penalties ranging from \$50,000 to almost \$200,000), it is important to bear in mind that “fraud” can take many forms in the eyes of the OIG and can subject physicians to criminal prosecution (i.e., prison) as well as civil and administrative sanctions.

Rhode Island attorney Kelly McGee of the Providence office of Donoghue Barrett & Singal observes that the June 9 fraud alert “is one of a series of recent indications from the OIG that it is

shifting its attention from hospitals and other large health care entities to individual physicians.”

The takeaway: Physicians should work with their own counsel to consider the terms and conditions of compensation arrangements.

Centers for Medicare & Medicaid Services: The future of medical staffs and staff bylaws in multi-hospital systems

By January 1, 2015, all medical staffs in multi-hospital systems should have revised their bylaws to describe the process for voting on whether to opt into a unified, multi-hospital medical staff – even if no such structure has yet been proposed.

Since July 2014, CMS’ revised “Conditions of Participation” in Medicare and Medicaid for hospitals permit multi-hospital systems to have a unified, system-wide medical staff, rather than a separate medical staff at each hospital -- provided that the medical staff at each hospital votes to accept a unified staff structure.

The AMA advises the “even if your hospital is not part of a system, it is still advisable that your bylaws include a process for voting on unification so that your medical staff will be prepared should your hospital someday be acquired by or otherwise incorporated into a system with a unified medical staff. (The AMA’s *Physician’s Guide to Medical Staff Bylaws* offers excellent guidance, including sample bylaws language, on how to amend medical staff bylaws for compliance with regulatory and accreditation standards and to ensure protection for medical staff self-governance. The publication is free to AMA members, \$149 for non-members.) ♦



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Delegates' Report: AMA House of Delegates Annual Meeting

Chicago, June 11–15, 2015

PETER A. HOLLMANN, MD
ALYN ADRAIN, MD
RHODE ISLAND DELEGATES

RIMS sent two delegates to the House and President **PETER KARCZMAR, MD**, who was the 2015 King of the Bling in the inaugural ceremony for the new AMA president. (The smallest state does not have the most diminutive presidential medallion.) Also in attendance were ACP delegate **YUL EJNES, MD**, and Psychiatry and the Law delegate **BARRY WALL, MD**.

Eight medical students from the AMA chapter at Brown were in attendance. They extended Brown's impressive record of electoral success at the AMA when **BRYAN LEYVA** (MD '18) was elected Region Seven Community Service Chair and **MATTHEW SANTOS** (MD '18) was elected Vice Chair of the AMA Foundation Medical Student Ambassadors.

The meeting was notable for being generally non-contentious. The red state/blue state schism was still notable at times, but much less so than in recent years. The good old days returned where we could all agree to hate maintenance of certification, meaningful use, ICD 10 and a bunch of stuff payers do. But the policy set or reaffirmed in these areas was reasonable and balanced, recognizing professionalism and the often good intent of programs that may lack in execution. AMA Councils provided well-crafted reports with recommendations in many areas.

Besides House business there were excellent sessions, such as the open meeting of the Litigation Center. The Center is an incredible example of what the AMA does on behalf of the profession. For us in Rhode Island, the Center's support was vital to RIMS' long and ultimately successful effort to overturn the provider tax. The Center is constantly engaged in litigation in many jurisdictions to maintain and defend authority of medical leadership in hospitals and to beat back frequent attempts to undermine tort reforms in the various states.



Highlights

Two of the hottest topics at this meeting were vaccines and ICD-10. The House supported ending all but medical exemptions from childhood vaccinations and noted the same should apply for healthcare providers so as to protect patients.

With regard to ICD-10, which goes into effect October 1, the AMA is urging the government to engage in contingency planning and allow a two-year grace period in order to smooth the transition and avoid financial disruption.

There were many items related to maintenance of certification (MOC) and, as always, many had difficulty accepting the long-term difference or comprehending the distinction between this and maintenance of licensure (MOL). Quick summary: MOC should be more than a profit center for a board and not the only path to MOL.

The House supported additional steps to address the current nationwide epidemic of opioid misuse, overdose and death.

A new AMA program called STEPS-forward offers a free series of physician-developed strategies to help medical practices thrive. Have a look at www.stepsforward.org.

Steven Stack, MD, an emergency physician from Kentucky who once served as faculty for a RIMS Campaign School, was installed as President of the AMA. He succeeds Robert Wah, MD, a Navy OBGYN.

Other House actions

- Non-network providers should be able to order medications and diagnostics as covered services if the service would be covered when ordered by a network provider.
- Ways to promote and sustain the integration of physical and behavioral health should be supported.
- Advance Care Planning services (CPT codes in 2015) should be paid by all payers.
- Veterans' access to care should be improved and new benefits for use of non-VA facilities should be monitored for efficacy of alleviating waits. Payments to non-VA providers should not be less than the Medicare fee schedule.
- Vasectomy should be covered as an ACA no cost-sharing benefit, just as female sterilization procedures are.
- P4P or "Value Based Purchasing" programs should have the necessary statements of goals, data provision, support and transparency needed to be fair and effective.
- Patient/physician communication should be free speech, and laws such as the Florida statute disallowing inquiry about firearms should not be allowed.
- The cost of generics is sky rocketing without apparent reason, other than unfettered capitalism. Adequate but reasonable pricing should be assessed and the cause of the high inflation investigated.
- Safe and appropriate medication compounding (mixing) is an important part of patient care and should be permitted.
- The AMA should create guidelines for APPs used by the public in mobile devices.
- There should be notification that a person is in a COBRA grace period when eligibility is confirmed, so that if the coverage is not purchased the provider is aware of this potential when providing services.

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Lessons learned

Though your delegates are “know-it-alls,” we did not know about the virtual credit cards (“VCCs”) that some payers are using. VCCs eat into practice revenue when payers process electronic funds transfers through VCC vendors that charge significant fees. The AMA recommends that physicians avoid this problem by enrolling in a HIPAA-standard Automatic Clearinghouse (ACH) Electronic Funds Transfer (EFT) and instructing payers to use the ACH EFT. The AMA offers an EFT toolkit.

It is interesting to watch very smart people try to do the right thing and be stymied over lack of evidence and whether evidence is needed. Not only does this happen in everyday practice, but it happens when the House debates such a thing as supporting a mandate for helmets in women’s lacrosse. In the absence of actual evidence, does “common sense” warrant a mandate? In the end, the House felt it did.

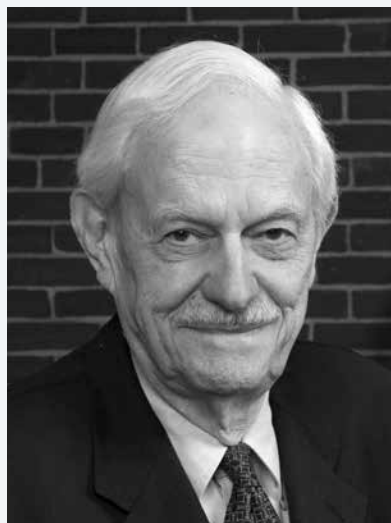
While the Litigation Center of the AMA and State Medical Societies was of vital assistance in Rhode Island’s protracted fight to repeal the provider tax in Rhode Island, in the end a new Governor and House Speaker wiped away the tax in one quick and non-controversial stroke. So maybe you want to keep your RIMPAC and AMPAC membership up to date too. And do remember to say, “you are welcome” the next time you see someone who is not a RIMS member.

You can’t make this up

All in the AMA House agreed that e-cigarettes (officially known as Electronic Nicotine Delivery Systems, or “ENDS”) should not be available to minors. In the spirit of a 12 year-old minor’s humor, let the AMA banner furl proclaiming “No ENDS or BUTTS for minors.” ❖

A tribute to Dr. Stanley Aronson

NEWELL WARDE, PHD
RIMS EXECUTIVE DIRECTOR



One day in 1989, Stanley Aronson came to the Medical Society’s headquarters to visit its new executive director, a young man who had been in the position for about a year. Stan was the most genuinely distinguished and revered *éminence grise* I had ever sat with one on one (for I was that young man), but I already knew him well enough that I was looking forward to the appointment with only slight trepidation.

We had recently persuaded Stan to take on the *Rhode Island Medical Journal* as its editor-in-chief, succeeding the talented and en-

ergetic Dr. Seebert Goldowsky, who had done the job very capably for 29 years before he finally begged to be relieved. Now Stan wanted to tell me his plans for the *Journal* and get assurance of my support, since the *Journal*’s finances were chronically shaky and its future had been in question.

Suffice it to say we had an easy meeting of the minds that day, which freed our conversation to wander. He was intrigued by my background in German literature, a quirk of my youth that he never forgot. We spoke of Freud and Jung. He described the physician’s calling as something nearly sacred, “akin almost to a priesthood,” he said. I have often reflected upon the truth of another striking thing he said that day, in whatever context: “We’re so stupid when we’re in our twenties.”

In the years that followed, Stan’s stature in the world of medicine, combined with the power of his own pen, elevated the quality, visibility and solvency of the *Rhode Island Medical Journal*. In particular, Stan’s own monthly commentaries were such gems of wit and erudition that they began to attract notice. They soon caught the eye of Bob Whitcomb, who was then the editor of the *Providence Journal*’s editorial pages. Bob began republishing Stan’s columns on Mondays, a tradition that has now lasted 24 years and encompasses an astonishing 1200 columns. For the Medical Society, Stan’s regular appearance on the op-ed page of Rhode Island’s newspaper of record, where he was identified as the editor-in-chief (and after 1999 as editor *emeritus*) of the journal of the Rhode Island Medical Society, was a weekly windfall. Stan’s growing audience of devoted readers generated many grateful letters to the newspaper over the years.

Stan’s commentaries seemed to be at once a playground for his boundless curiosity, an outlet for his delight in language, and a showcase for his immense fund of varied knowledge. And they never failed to surprise. Even when he treated familiar topics like penicillin, Jonas Salk or the Hippocratic Oath, Stan always plumbed historical depths and brought poignant ironies to light.

But who knew until a few months ago that Stan was also a hockey fan who playfully pondered the messages of mayhem hidden within the franchise names of the NHL ("ruin" in Bruins, "anger" in Rangers, "lame" in Flames, "evil" in Devils, "liar" in Flyers)? His riff on collective terms for doctors and scientists will always be another favorite of mine (a rash of dermatologists, a clone of geneticists, a wince of dentists, an eruption of pediatricians, a pulse of cardiologists, a pile of proctologists, a graft of plastic surgeons, a run of gastroenterologists, a cluster of biostatisticians, etc.). One measure of the magnitude of Stan's fan base was his recognition last year in the *Providence Phoenix*, where the popular column "Philippe & Jorge's Cool, Cool World" celebrated him as "a sublime genius."

After ten years at the helm, Stan passed the editorship of the RIMS journal to Joe Friedman, but he remained an active supporter and contributor – and not only to the content between the covers. It has been a well-kept secret that certain anonymous artwork on the front cover, sometimes attributed to "an itinerant New England physician," was Stan's.

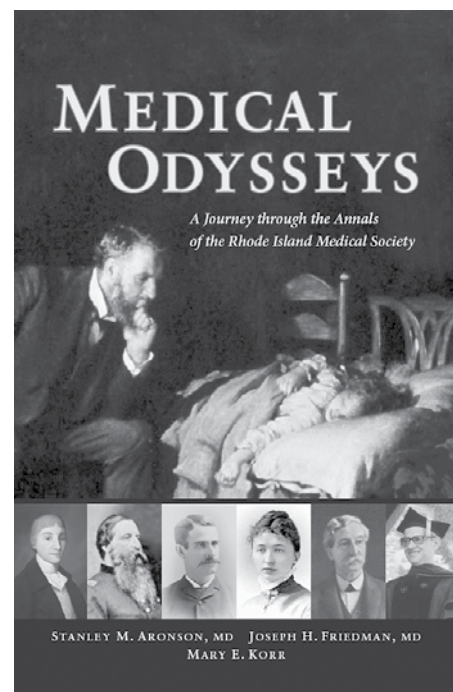
Several years ago, as the Medical Society's bicentennial year approached, I asked Stan if he would consider writing a new history of the Society. He and I knew that if there were to be such a history, everyone would want him to write it. After some months, he declined, citing his age and the magnitude of the project. But he agreed to serve on our bicentennial planning committee and to work with Joe Friedman and Mary Korr on a new anthology of essays to be published for the occasion. The result was *Medical Odysseys, A Journey through the Annals of the Rhode Island Medical Society*, published in 2011. When the bicentennial year 2012 arrived, Stan spoke memorably at the inaugural event of our year-long series of observances. (See and hear him at <http://www.rimed.org/video-2011-1215-Aronson.asp>. I also highly recommend listening again to Stan's contribution to "This I believe – Rhode Island" dated October 14, 2010, which is archived on the website of WRNI, Rhode Island Public Radio.)

The Medical Society has thanked and honored Stan in every way we know how, just as every other organization in the community has fittingly done. He is a recipient of both RIMS' Hill Award for service and the Rakatansky Award for professionalism. But I think Fred Schiffman's tribute to Stan as "a renaissance mensch" may be the best of all.

Stan and I last shook hands at each of two events to which he lent his good name last fall in support of the candidacy of Jorge Elorza for mayor of Providence. On the first of those occasions, he was invited to address the crowd. Though he was unprepared, I had to marvel at his thoughtful eloquence and at the hope, optimism and caring that he projected for his adopted home town. Civic engagement too belongs on the long list of Stan's exemplary virtues.

I count myself fortunate to have so often been close enough to grasp the hand and sense the heart of a great doer and healer. I shall always remember his ever-timely admonition that "The ultimate enemy is not death, but bigotry and willful ignorance."

This is one of three tributes to Dr. Aronson that first appeared in the *Rhode Island Medical Journal* of February 2015



Medical Odysseys still available!

A few copies of *Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society* are still available for purchase by members. The collection of essays was published in 2011 in conjunction with the two-hundredth anniversary of the founding of the Society. Connoisseurs of Dr. Stanley Aronson's uniquely erudite and entertaining essays on medicine, medical history and language will want to have this volume on their reading shelf along-side Dr. Aronson's earlier anthologies: *Tapestry of Medicine*; *Worms, Germs and Wayward Physicians*; and *Perilous Encounters*.

For this bicentennial collection, Dr. Aronson joined forces Dr. Joseph Friedman, the current Editor-in-Chief of *Rhode Island Medical Journal*, and a talented medical essayist in his own right. Mary Korr edited the volume and contributed several of her own new and original essays on aspects of RIMS' history.

Medical Odysseys is handsome, readable, instructive and entertaining. The volume contains 69 short essays – 28 by Dr. Aronson, 26 by Dr. Friedman, and 15 by Ms. Korr.

The cost is \$15 each and includes postage. To purchase, please contact Sarah at the RIMS office, sstevens@rimed.org, or 401-528-3281.

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News from the Rhode Island Quality Institute

Providers and Care Teams Turning to CurrentCare

Improving the quality, safety, and value of healthcare for all Rhode Islanders

In case you haven't heard, the Rhode Island healthcare community is succeeding at something that most others haven't – the ability to share clinical data in real time statewide. With nearly 1 in 2 Rhode Islanders signed up and 100% of Rhode Island acute care hospitals connected (and the VA coming this year), CurrentCare, the statewide health information exchange, is becoming critical as payers move providers into new “value-based” payment arrangements at a rapid rate.

Value-based payment models aim to promote quality and lower cost. Reducing hospital readmissions can be one key to achieving these goals. The rate of hospital readmissions for patients whose providers receive CurrentCare Hospital Alerts (electronic admission/discharge notifications to community providers from RI hospitals and EDs) is approximately 15% lower than for patients whose providers do not receive them and ED 30-day readmissions rate is 20% lower. And more importantly, the follow-up care that follows an alert, particularly for high risk patients, is essential to improving patient outcomes. Further, the Rhode Island Quality Institute (RIQI) is beginning to offer data analysis and reporting services that reduce the burden on providers of wading through their data to identify these patients.

Already, over 1,300 healthcare professionals have access to CurrentCare and support continues to build. For example, CurrentCare is a key IT component of the \$20 million State Innovation Model (SIM) grant won by the RI Executive Office of Health and Human Services. Payers are



also now requiring adoption and use of CurrentCare in many provider contracts. CurrentCare is embedded in a new multi-million dollar Transforming Clinical Practices Initiative (TCPI) grant submitted by RIQI to the Centers for Medicare & Medicaid Services (CMS) and also in the \$2.7 million grant recently awarded to RIQI by the Office of the National Coordinator for Health IT (ONC). This ONC grant will benefit primary care, long term and post-acute care providers and their patients by assisting them to share health information electronically.

In addition to the positive impact on care from Hospital Alerts, CurrentCare Viewer allows providers to access 90% of all lab reports generated in the state and 90% of all medication histories, as well as EKG reports, radiology reports, encounter data from all RI hospitals, Lawrence & Memorial Hospital in Connecticut, MinuteClinics anywhere in the U.S., and hundreds of physician practices. For EHR platforms such as Epic, NextGen and soon, Athena, providers do not have to leave their EHRs to access CurrentCare data, as the systems are fully interoperable. Access to Viewer is helping physicians, quality improvement professionals and others on the care team to find lab results and patient histories without having to

wait for the hospital, primary care, or specialist practice to send them. It also helps to avoid unnecessary phone calls to the pharmacy for medication lists and reduces the number of unnecessary, duplicative or expensive tests ordered. A new Care Manager Dashboard that delivers real-time, actionable data to care managers has just gone live at Thundermist Health Centers.

To get access to CurrentCare Viewer or Hospital Alerts or for more information about this emerging standard of practice, contact RIQI at: 1-888-858-4815 or email CurrentCare@riqi.org. The CurrentCare website is at: www.CurrentCareRI.org

RIQI operates CurrentCare, Rhode Island's statewide health information exchange. CurrentCare is at the center of RIQI's mission to significantly improve the quality, safety, and value of healthcare for all Rhode Islanders. ❖

October 1 is coming

AMA and CMS are collaborating to smooth the final push to ICD-10

Responding to AMA concerns about the impact of inadvertent coding errors and system glitches during the transition to ICD-10, CMS has agreed to cooperate with AMA on additional specific steps to forestall and mitigate potential problems for medical practices. The AMA argued that the new system may initially trigger increases in audits, claims denials and penalties, which could result in financial disruption and damage medical practices.

Accordingly, in July AMA and CMS jointly announced a series of new measures:

- Additional guidance from CMS will allow flexibility in claims auditing and quality reporting.
- A new CMS ICD-10 Communications and Coordination Center will identify and resolve issues arising from the ICD-10 transition.
- At the request of AMA, CMS will establish a new ICD-10 Ombudsman, who will triage and answer questions about claims submission. The Ombudsman will be reachable through the CMS ICD-10 Coordination Center.

- AMA and CMS are conducting parallel educational efforts using webinars, articles, on-site training, and national teleconferences to help physicians and other health care professionals prepare and adjust.
- Ongoing Medicare acknowledgement testing will be available for medical practices through September 30.
- A special MLN [Medicare Learning Network] Connects National Provider Call will be conducted on Thursday, August 27.
- CMS will provide additional in-person training through the "Road to 10" for small physician practices.

CMS' "Road to 10" is free help specifically for smaller physician practices. It includes primers on documentation, clinical scenarios, and other specialty-specific resources. CMS has also developed provider training videos with ICD-10 implementation tips.

The AMA continues to offer a broad range of comprehensive and timely materials online through AMA Wire®. ❖

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

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

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

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For more information, check www.rimed.org and click on "RIMS-IBC" at the top, or call 401-272-1050. ❖



RIMS and Coverys announce new partnership

In October 2014, the Rhode Island Medical Society entered into a new strategic partnership with Coverys, the 40 year-old medical liability insurance giant headquartered in Boston.

Coverys and RIMS have pledged to combine and coordinate their complementary strengths for the purpose of enhancing patient safety. The two organizations share the conviction that safety is fundamental to promoting and maintaining the kind of professional liability environment that everyone wants for Rhode Island: one that is stable and responsive to the needs of the medical profession and the public. RIMS and Coverys are uniquely positioned to support each other in this endeavor.

Key elements of the new collaboration will be peer review, risk management and continuing education. RIMS' peer review prowess is well established, particularly in the highly sensitive and all-important area of physician health. In addition, RIMS is recognized by the American Council for Continuing Medical Education (ACCME) as the agency responsible for accrediting the CME programs of all the hospitals within the state of Rhode Island. RIMS has been a consistent star nationally in earning an unbroken string of long-term recognitions from ACCME.

For its part, Coverys is one of a tiny number of medical professional insurers that have devoted the necessary and substantial resources to gaining and maintaining full accreditation by the ACCME as a source of Category 1 CME credits for physicians. RIMS regards this extraordinary commitment to CME

as particularly meaningful and praiseworthy in an insurance company. Of course, medical peer review and continuing medical education, each in its own way, provide targeted risk management and serve to enhance quality and safety.

RIMS has also agreed to advise Coverys and to offer the company additional eyes and ears focused on the evolving insurance market, the medical practice environment and the medical liability climate, as each of these is affected by legislative, regulatory, judicial, economic, demographic and political developments in the Ocean State. In recognition of their strong relationship and mutual support, RIMS and Coverys will also engage in joint marketing.

Coverys is the sixth largest medical liability insurer in the nation.

It protects more than 32,000 physicians, dentists and other health professionals nationally, as well as over 500 hospitals, health centers and clinics. It is rated A ("excellent") by A.M. Best. It writes over \$400 million in premium, has net assets of \$3.5 billion, and maintained a policyholder surplus of \$1.5 billion as of the end of last year. Member companies include Medical Professional Mutual Insurance Company ("ProMutual") and the ProSelect Insurance Company.

Coverys is the dominant insurer of physicians and surgeons in Rhode Island. The Rhode Island Medical Society Insurance Brokerage Corporation (RIMS-IBC) is proud to have been appointed as an agent for Coverys three years ago. The RIMS-IBC is a full-service agency that specializes in medical professional liability. ❖



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Governor appoints new task force to tackle opioid crisis

Determined to take another run at combatting Rhode Island's persistent epidemic of accidental opioid overdose, Governor Raimondo has tapped RIMS President **PETER KARCZMAR, MD**, along with two RIMS Past Presidents (**GARY BUBLY, MD** and **KATHLEEN HITTNER, MD**) and thirty other experts to devise a new action plan for the state, with strategies, goals, metrics and timetables.

Miriam Hospital epidemiologist Jody Rich, MD, MPH, a member of the new task force and a veteran leader of local and national efforts to address addiction and infectious disease, was quoted by the *Providence Journal* as characterizing the new task force as "tapping into expertise as opposed to stakeholders."

Health Director Dr. Nicole Alexander-Scott and BHDDH Director Maria Montanaro will co-chair the task force, which is to hold public meetings monthly and report to the Governor in November.

Other members of the task force are James McDonald, MD, MPH, Chief Administrative Officer of the RI Board of Medical Licensure and Discipline;

Michelle McKenzie, MPH, director and co-founder of The Miriam's Preventing Overdose and Naloxone Intervention (PONI); and Brandon Marshall, PhD, Assistant Professor of Epidemiology in Brown's School of Public Health. In June of this year Professor Marshall became one of the first six scientists in the nation to be awarded a newly established research grant from the National Institute on Drug Abuse; the 1.5 million dollar grant over five years will support an innovative study of injection drug use and its role in spreading HIV.

Also serving on the new task force will be state leaders of dentistry, nursing, pharmacy, corrections, health insurance, community health centers, mental health, public safety and two members of the General Assembly.

The *Providence Journal* reports that Blue Cross and Blue Shield of Rhode Island and CVS have pledged a total of \$70,000 to support the effort. Part of that funding will enable the task force to draw upon the expertise of Joshua Sharpstein, MD, associate dean of the School of Public Health at Johns Hopkins. Dr. Sharpstein, a former

deputy commissioner of FDA and former head of the Maryland department of health, will thus become yet another link between the Raimondo administration and that of Martin O'Malley, the former governor of Maryland. O'Malley, a Democrat, announced his candidacy for US president on May 30.

Accidental opioid overdose claimed 239 lives in Rhode Island in 2014, proportionately the worst rate in New England and seventh worst among all the states. So far in 2015, overdose has claimed 94 lives in the Ocean State.

The General Assembly took a critical step backwards in June when it adjourned without extending the life of the Medical Society's Good Samaritan Overdose Prevention Act of 2012 and instead allowed it to sunset effective July 1. RIMS was immediately joined by addictionologists, public health experts and community leaders in calling upon the police to declare publicly that, in order to save lives, they will exercise their discretion to regard incidents of overdose as medical emergencies, rather than as crime scenes. ❖