NEWSLETTER OF THE
RHODE ISLAND MEDICAL SOCIETY
VOLUME 25 • NUMBER 2

JULY 2012

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BRIEFLY NOTED

The prospect of a second RI medical school

After three quiet decades of stability, American medical education is expanding fast, and Rhode Island might just catch the wave again, as it did with Brown in the 1970s. Nationwide, some 21 new medical schools are currently in the initial accreditation process. The nearest new school is that of Quinnipiac University in Hamden/North Haven, CT, which expects to welcome its inaugural MD class in 2014.

Since 2006, when the American Association of Medical Colleges called for a 30 percent increase in medical school enrollments, existing medical schools (including Brown University's) have expanded, and new schools have hit the drawing boards. A few are already in operation. Three osteopathic medical colleges are scheduled to open in 2013.

Enter "RISOM"

Not yet counted in these statistics is the Rhode Island School of Osteopathic Medicine (RISOM), which is being proposed by Equinox Capital, based in Greenwich, CT. The proposal became public knowledge last winter when a mysterious bill appeared in the General Assembly that would permit the would-be founders of RISOM to apply to the Rhode Island Board of Governors for Higher Education for permission to grant academic degrees. At this writing, the bill has passed the House of Representatives but failed to emerge from the Senate Education Committee and so is dead for this year.

Regardless of General Assembly action, the RISOM proposal is sure to remain in play and continue to generate discussion. The *Providence Journal* editorialized in favor of RISOM on June 7, but other voices have been raised in opposition, including those of Brown University and the Association of Independent Colleges and Universities of Rhode Island. The College of Osteopathic Medicine of the University of New England, in Biddeford, ME, has also given RISOM a cool reception so far.

A for-profit medical school

Ostensibly, the opposition is focused on one truly novel aspect of RISOM: it is to be structured as a for-profit enterprise. That novelty is what necessitates the involvement of the General Assembly, for Rhode Island law forbids for-profit institutions from granting academic degrees. Removing that obstacle would require that the General Assembly pass a new law specifically authorizing RISOM to grant degrees. (In contrast, Katharine Gibbs is one example of the several for-profit vocational training schools in Rhode Island that grant certificates, not academic degrees.)

Thus, General Assembly support is merely the first of several critical hurdles RISOM must clear before it can become a reality. The next would be permission from the Board of Governors for Higher Education to grant DO degrees, followed by accreditation by the New England Association of Schools and Colleges, the Commission on Osteopathic College Accreditation and probably other accrediting bodies.

For-profit in education: a trend?

For-profit higher education could be on the rise in the US and in the Ocean State. RI-SOM is not the first for-profit school to test Rhode Island's receptivity. Earlier this year Neumont University, a nine year-old technical school based in Utah, had a bill before the Rhode Island General Assembly much like RISOM's. Neumont too hoped to get permission from the Board of Governors to grant degrees and planned to establish a Rhode Island campus. But Neumont was quickly discouraged by the frosty reception it received at the State House, and pulled out. RISOM submitted its own bill later and is still in the running as of this writing.

The US already has one for-profit medical school. It is Rocky Vista University of Osteopathic Medicine in Parker, Colorado, near Denver, which has continued on page 9





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SUBSCRIPTION INFORMATION

A one year subscription to *Rhode Island Medical News* costs \$50. The publication is free to members.

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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.



NITIN S. DAMLE, MD, FACP PRESIDENT

The Shifting Sands of Rhode Island Medicine

In my twenty-five years of practice in Rhode Island, I have not witnessed a more dynamic period in medicine. I have seen the failure of "managed" or "capitated" care, the implementation of the "Relative Value Scale," the liability insurance crisis of the 1990s,

increased accountability in the health insurance market with the formation of the Office of the Health Insurance Commissioner and a steady decline in interest by medical students and residents in primary care.

To date our health care delivery system has largely operated as a cottage industry with protected "pods" and "turf." We have hospital systems and physician specialties operating independently and negotiating for as large a piece of the health care dollar as possible. We have 120,000 uninsured in the state and thousands more with high co-pay and high deductible insurance that few can afford. We have a health care system that does not effectively communicate internally, often leaving patients to bridge the gaps in health information. We also have two hospitals in receivership and a few others with significant financial difficulties.

In juxtaposition to this gloomy picture are some signs of optimism for health care in Rhode Island. The Affordable Care Act of 2010, whether upheld in part, in its entirety or struck down, has created an environment for change at the national and local level. I think there are three goals that form the foundation for these complex changes in health care delivery:

- a. Providing affordable and universal health coverage.
- b. Providing the highest quality, coordinated, scientifically advanced care in the world.
- c. Providing efficient care by eliminating unnecessary tests, procedures and treatments to slow the rising cost of health care.

Here are some initiatives in our state that may help fulfill these principles:

- a. A recognition by hospital/health care systems, physician groups and individual physicians that the current model is inefficient and unsustainable. I am astounded by the number of conversations around consolidation, merger or partnership. This may reflect an acceptance that health care is delivered in a community of clinicians and health care facilities. Multifaceted groups may garner more resources and create systems to achieve higher quality care with decreased cost. This may result in facility closings, consolidation of others and formation of new entities that may result in an improved delivery system for our patients.
- b. "Accountable Care Organization (ACO)" seems to be the buzz word that promises to deliver the above principles. The concept is to make providers (hospitals, chronic care facilities, providers) accountable for delivering high quality/cost efficient care by providing financial and "in kind" benefits from

any realized health care savings, while assuming risk for not achieving certain benchmarks. Health plans are piloting this concept with various organizations in the state. It will take some time to sort out the success of such a model, but we know that the status quo is not an effective delivery system.

- c. Communication between providers about our patients' health care is significantly improving with the use of the Electronic Health Record and the state Health Information Exchange (currentcare). Through the work of the Rhode Island Quality Institute, meaningful and robust data exchange will soon be a reality. This will lead to better care through real time information exchange, decreased duplication of tests and services and the ability to collate data for public health purposes.
- d. The recognition by stakeholders of the importance of primary care in coordinating care, managing chronic illness, disease prevention, decreasing complication rates from diseases and promoting public health. Studies have already begun to show the value of the Patient Centered Medical Home and PCMH Neighborhood in decreasing complications from chronic disease, pre-venting unnecessary emergency room visits, admissions and readmissions to the hospital.
- e. The movement towards what the American College of Physicians terms "High Value, Cost Conscious Care" through judicious use of tests and procedures that have demonstrated clinical effectiveness in either the diagnosis or treatment of disease. In addition, the continued use of "evidence based" medicine and comparative effectiveness research.
- f. The recognition that medicine is moving from the inpatient to outpatient setting. The focus has shifted to early intervention, prevention of disease and its complications, minimally invasive procedures and surgeries performed in ambulatory settings and the importance of public health initiatives in promoting health and wellness in society.

The sands are shifting, and the Rhode Island Medical Society is an active contributor to the discussions with health plans, providers, hospital systems, medical groups, Department of Health, the media and patients. The Medical Society takes measured and balanced positions that keep the interests of our patients and members in the forefront while fulfilling the larger principles of high quality, cost efficient health care. ❖



RIMS' Past-Presidents Bicentennial Gala Rosecliff Mansion, Newport April 21, 2012

[Front L-R]

Kathleen C. Hittner, MD (1991-1992)

David P. Carter, MD (1994-1995)

Barbara Schepps, MD (1995-1996)

Nitin S. Damle, MD (2011–2012)

Richard Wong, MD (1990-1991)

Charles B. Kahn, MD (1993-1994)

Diane R. Siedlecki, MD (2008–2009)

[Rear L-R]

Fredric V. Christian, MD (2004–2005)

Barry W. Wall, MD (2006–2007)

Tilak K. Verma, MD (2003-2004)

Michael E. Migliori, MD (1997-1998)

Herbert Rakatansky, MD (1985–1986)

Gary Bubly, MD (2010-2011)



A toast to RIMS

On Saturday evening, April 21, 2012, Executive Director Newell Warde, PhD, opened the evening program of RIMS' bicentennial gala at Rosecliff Mansion with the following toast:

It's great to be in Newport. And it's great to be in the only one of the fifty states that was actually founded by a physician.

Now, I know what some of you are thinking. You're thinking, "I don't recall that Roger Williams had a medical degree." And you're right, he didn't. But you may also know that for at least two hundred years now some historians have argued very seriously that the individual who most properly deserves to be known as the true founder of Rhode Island was also the very first physician in these parts. He was John Clarke.

And how fitting it is that we gather tonight in the city of John Clarke. He was one of the founders of Newport in 1639. He was always proud to be a Newporter and proud to be a physician. He always signed his name, "John Clarke, physician of Newport."

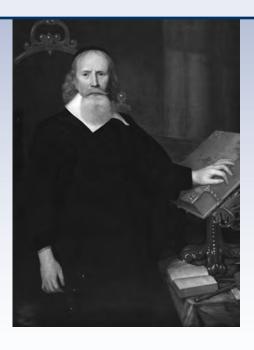
But John Clarke's greatest gift, not only to Rhode Island but truly to the nation and to the world, was Rhode Island's magnificent Royal Charter of 1663. Every Rhode Islander here tonight can quote from that Charter, because we all know and love those famous words – the words that are carved in three-foot letters on the marble façade of the State House in Providence. They are John Clarke's words – there is no doubt about that. He wrote to King Charles II in 1662, "that it is much on their hearts...to hold forth a lively experiment, with...full liberty in religious concernments."



Freedom of conscience. Separation of church and state. Never before in the history of the world had a sovereign granted such freedom to his subjects – in writing! And John Clarke did the writing. That is Rhode Island's great gift to the world – thanks Dr. John Clarke, physician of Newport, Rhode Island.

Now, I think you all have something effervescent in front of you. And so I would like to propose a toast. This is a toast, first of all, to physician founders: to Dr. John Clarke, founder of Rhode Island; to Dr. Amos Throop and the 45 other doctors who founded the Rhode Island Medical Society two hundred years ago tomorrow. Tomorrow morning at 10 o'clock we should all pause in whatever we are doing and give a thought to them. Tomorrow, of course, is Sunday, but in 1812, April 22 was a Wednesday. And at 10 o'clock on that Wednesday morning they came together in the Senate Chamber of the old State House in Providence and founded this Medical Society. That was the start of our own "lively experiment."

And finally, let us toast all of the thousands of members of this venerable Society – past, present and future – with special gratitude for their devotion to this Society and to the world's noblest profession. ❖



HISTORICAL NOTE: John Clarke was born in Westhorpe, in Suffolk County, northeast of London in 1609. He emigrated to Boston with his wife in 1637. Joining Anne Hutchinson's circle, he became one of the founders of Portsmouth, Rhode Island, in 1638 and of Newport in 1639.

In 1651, he and Roger Williams returned to England together on an urgent diplomatic mission to secure Rhode Island's continued independence from Connecticut and Massachusetts. Clarke stayed on in England for twelve and a half years as Rhode Island's sole official agent, riding out the turbulence of the Commonwealth period and, after the restoration of the Stuart line in 1660, negotiating Rhode Island's famously liberal Royal Charter of 1663. Some of the language of Clarke's multiple petitions to King Charles II during 1661–1663 was ultimately

incorporated into the Charter, including the famous formulations about holding forth "a lively experiment" and guaranteeing "full freedom...in religious concernments." In that sense, Clarke is the author of the most important sections of the Charter.

Historian Thomas W. Bicknell (1834–1925) was particularly passionate in promoting Clarke's recognition as the individual whose tenacity, political vision and diplomatic skill first defined Rhode Island, both geographically and ideologically. Moses Brown was another notable champion of Clarke. Brown asserted in a private letter written in 1830 that Clarke "ought much more to be considered the Father of this state and especially of the Baptists in it than R. Williams...He was Agent in England and procured the charter in which Religious Liberty is so fully mentioned, but that

General Assembly commemorates the 1812 founding of RIMS

On March 8, 2012, both houses of the Rhode Island General Assembly unanimously passed identical resolutions commemorating the founding of the Rhode Island Medical Society two centuries ago. RIMS was called into existence by an act of the General Assembly on February 25, 1812. On that day, the Assembly approved a charter, which was patterned closely after that of the Massachusetts Medical Society. The charter served to define the basic governance structure and authority of the Society. Eight weeks later, on April 22, 1812, the leading physicians of the state met in Providence to implement the charter, adopting bylaws and electing the first slate of officers.

The resolution at right was introduced in the House by Representatives Ruggiero, Bennett, Reilly, Morgan and E. Coderre, and in the Senate by Senators Paiva-Weed, Ruggerio, Goodwin, Perry and Ottiano. RIMS President Nitin S. Damle, MD, was introduced on the floor of each chamber at the time of the votes and received the welcome and acclamation of the solons.

which R.W. procured does not contain a word about it."

Though he received a meager stipend from home, Clarke's training in medicine may have been critical in enabling him to support himself in London for a dozen years, during which time he came to style himself as "John Clarke, physician of London." Clarke's 1663 Charter remained Rhode Island's constitution until 1853.

John Clarke's most famous patient was the religious dissident Anne Hutchinson, to whom he ministered in Rhode Island when she was afflicted with a hydatidiform mole, the first documented such case in the New World. The Puritan authorities in the Massachusetts Colony gloated over Hutchinson's misfortune, taking it as a clear manifestation of celestial displeasure with her heresies. *

RESOLUTION

WHEREAS, The Rhode Island General Assembly voted a Charter for the Rhode Island Medical Society on February 25, 1812; and

WHEREAS, The rationale for the original Charter, namely that "the medical art is important to the health and happiness of society" and that "medical societies have been found conducive to this end," has proven abundantly valid for two hundred years; and

WHEREAS, The Rhode Island Medical Society is by far the oldest and therefore most venerable professional association in Rhode Island; and

WHEREAS, The Rhode Island Medical Society is the eighth oldest state medical society in the nation; and

WHEREAS, The Rhode Island Medical Society has repeatedly distinguished itself as a leader, educator, and purveyor of useful information for the public an the medical profession in this state; and

WHEREAS, The Rhode Island Medical Society led the nation in welcoming women and racial minorities as colleagues in medical society membership and in overcoming racial discrimination within national medical societies; and

WHEREAS, The Rhode Island Medical Society has been a pioneer in analyzing vital statistics, advancing sanitation, improving public health and safety, conducting ambitious vaccination campaigns, and promoting enlightened public policy in the field of health; and

WHEREAS, The Rhode Island Medical Society has itself been a founder of important organizations, including the U.S. Pharmacopeia, the American Medical Association, Rhode Island Hospital, Blue Cross & Blue Shield of Rhode Island, and Rhode Island Quality Partners (renamed HealthCentric Advisors in 2011), among others; and

WHEREAS, In times of war and other national and local emergencies, the Rhode Island Medical Society and its members have rendered extraordinary service to Rhode Island and the nation; and

WHEREAS, The Rhode Island Medical Society today and in the future has an indispensable role to play in helping Rhode Island meet the daunting and complex challenges of ensuring access for all Rhode Islanders to the highest quality care at sustainable costs; now, therefore be it

RESOLVED, That this House of Representatives [this Senate] of the State of Rhode Island and Providence Plantations hereby salutes and congratulates the Rhode Island Medical Society upon its Bicentennial, and hereby bears witness to the gratitude of all Rhode Islanders as the Society enters its third century of faithful adherence to its sacred mission of health and healing; and be it further

RESOLVED, That the Secretary of State be and he is hereby authorized and directed to transmit a duly certified copy of this resolution to the Rhode Island Medical Society.



"Celebrating 200 Years of the Rhode Island Medical Society"

RIMS' gala bicentennial celebration at Rosecliff on Saturday, April 21, included a rousing performance of music and marching by the Kentish Guards of East Greenwich (a storied military unit founded in the 18th century); impromptu clowning by a canine "doctor" and an (obviously very sick) "patient" from Big Nazo; an address by AMA President Peter Carmel, MD; remarks by RIMS President Nitin Damle, MD; and Bicentennial Chair Diane Siedlecki, MD; followed by dinner, music and dancing.

A centerpiece of the evening was the inaugural screening of a 23-minute video, "Celebrating 200 Years of the Rhode Island Medical Society," written and produced by Newell Warde and Andrew Migliori. The video is narrated by Dr. David P. Carter and features on-screen reflections by Drs. Nitin Damle, Stanley Aronson, Jordan Celeste, Yul Ejnes, Arthur Frazzano, Kathleen Hittner, Elizabeth Lange, Steven Lee, Charles McDonald, Michael Migliori, and Herbert Rakatansky.

The video is viewable in its entirety on the RIMS website: www.rimed.org/video-2012-RIMS200.asp.











Top: The historic Kentish Guards open the proceedings with a flourish.

The silent auction.



RIMS Bicentennial sponsors

The Bicentennial Committee of the Rhode Island Medical Society gratefully acknowledges the generosity of all of our sponsors and supporters.

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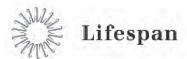


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Clockwise from top: Big Nazo "doctor" and "patient" add a madcap touch to the reception.

Medical students join in the toast to RIMS' 200th.

Past President Dr. Bud Kahn confers with the medical school's Founding Dean, Dr. Stanley Aronson.

Dr. Jaan Sidorov, Chair of the Board of Directors of NORCAL Mutual, and wife Sharon.

Dr. Nitin Damle and Senator Christopher Ottiano,

At left: The staff of RIMS and RIMS-IBC: [Front L-R] Cheryl A. Turcotte, Sue Silvia, Megan Turcotte, Jane Coutu, Catherine A. Norton, Sarah Brooke Stevens, Libia Rattigan; [Rear L-R] Robert A. Anderson, Jr; Steven R. DeToy; Lisa A. O'Neill; Newell E. Warde, PhD; Rosemary H. Maher, ACSW, LICSW

MD, (center) with Mrs. Bernadette Ottiano.

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Inaugural presentations of two new RIMS awards to medical students

Among RIMS' commemorations of its bicentennial is the establishment this year of two new prizes for graduating students of the Warren Alpert Medical School of Brown University. RIMS' Bicentennial Committee, chaired by Dr. Diane Siedlecki, considered such prizes to be fittingly permanent vehicles to recognize and encourage excellence among medical students while elevating the visibility of RIMS and organized medicine among the rising generation of physicians. They are also ways of honoring outstanding individuals' past service to RIMS and the profession, and of creating new links among the past, present and future of medicine.

Accordingly, the medical school's annual awards ceremony on May 25, 2012, saw the first presentation of the Medical Society's Amos Throop Prize to Geolani Dy. The prize is given to a graduating medical student who has demonstrated engagement with the issues and processes of public policy relating to health and health care, and with the role of medical societies as advocates for patients and for enlightened public policy. The award is named for Dr. Amos Throop (1736–1814), a Revolutionary War veteran who was a founder and the first president of RIMS (1812–1814) and served three terms in the General Assembly. His contemporaries and fellow founders of RIMS were also founders of the original medical "department" at Brown University in 1811.

Dr. Dy is headed next to Seattle for a residency in urology at the University of Washington.



Throop Prize recipient Ms. (now Dr.) Geolani Dy with RIMS' Executive Director Newell Warde



Rakatansky Prize recipient Ms. (now Dr.) Wei Song with RIMS Executive Director Newell Warde

Wei Song is the first recipient of the Herbert Rakatansky Prize, which is awarded to the graduating senior who has contributed most to the health and well-being of her or his fellow medical students and/or in other ways exemplifies commitment and leadership in the areas of medical professionalism, medical ethics and humanitarian service. During her student years, Ms. Song chaired the Medical Student Health Council, which is mentored by RIMS' Physician Health Committee. In 2010 she presented on "The role of peer reporting for complaints of medical student mistreatment" at the AMA International Conference on Physician Health in Chicago.

The award is named for Dr. Herbert Rakatansky, Brown undergraduate class of 1956, who founded the RIMS Physician Health Program in 1979 and has led it ever since. Dr. Rakatansky also served for seven years on the AMA's Council on Ethical and Judicial Affairs, of which he was both Vice Chair and Chair.

Dr. Song will begin her combined residency in Pediatrics, Psychiatry and Child Psychiatry at the University of Utah. •

been operating since 2008 and graduated its inaugural class last month, on May 19, 2012. (The founder and chancellor of Rocky Vista is Yife Tien, son of Paul Tien, who founded the for-profit American University of the Caribbean School of Osteopathic Medicine, which is based on St. Maarten and in Coral Gables, Florida.)

Two more for-profit allopathic medical schools are among those currently awaiting accreditation in the US. They are the California Northstate University College of Medicine in Elk Grove, CA, (on the south side of Sacramento), and the Palm Beach Medical College in Florida. Thus, if RISOM gets off the ground, the US could have four for-profit medical schools a few years from now.

The taint of for-profit higher ed

RISOM is immediately stigmatized, probably unfairly, by some of the bad press that for-profit higher education in general has earned lately.

For-profit colleges have been around a long time, but their numbers exploded after 1992, when Congress clarified that for-profit institutions and their students could qualify for federal aid. (That is slated to change in 2015.)

With the explosion of schools came the concomitant explosion of student debt that is now a national concern. While for-profit schools alone are hardly to blame for the student debt bubble, they do appear to be disproportionately associated with it. As much as 90 percent of for-profit colleges' revenue comes from the federal government in the form of Pell Grants and student loans; and while only 9 percent of college students in the US are enrolled in for-profit colleges, those students receive 25 percent of all federal aid, and they are significantly more likely to default on their student loans than graduates of traditional colleges. Some say the higher default rate reflects poor quality education as well as employers' disinclination to value degrees from for-profits.

The student debt problem resembles the subprime mortgage loan crisis, in the sense that some for-profit colleges and their aggressive recruiters are indirectly responsible for saddling many naïve borrowers with crushing debts they cannot repay. Some (including the Association of Independent Colleges and Universities of Rhode Island) have therefore characterized RISOM, along with other for-profit schools, as potentially "predatory"; others have accused for-profits in general of preying particularly on economically disadvantaged minorities by concealing tuition costs and promising unrealistic earnings after graduation.

The Obama administration responded to the for-profit phenomenon by cracking down on deceptive marketing practices by the schools and banning bonuses paid to recruiters based on the volume of students they sign up. The for-profits sued the government to block the crack-down, but the Obama administration prevailed in a federal appeals court decision that was handed down in Washington this month, on June 5, 2012.

RISOM promises to boost primary care and employment in RI

Whether the sullied shoe of for-profit higher education actually fits RISOM is not at all clear. The issues with for-profits have mostly arisen in connection undergraduate education rather than graduate programs like RISOM. What RISOM itself promises sounds quite attractive: construction jobs for a 250,000 square-foot facility, probably to be built in Warwick; 200 to 300 permanent, high-paying jobs; 700 medical students (vs. Brown's 410) paying 40 percent less than average for their medical education.

Moreover, osteopathy's traditional emphasis on primary care would supposedly help alleviate the nation's shortage of primary care physicians and help replace the wave of boomer-aged physicians who are fast approaching retirement in Rhode Island and elsewhere. (In fact, medical student interest in primary care has waned in osteopathic schools as well as allopathic ones. However, surveys confirm that osteopathic physicians in fact still gravitate toward primary care in significantly greater proportions than allopathic graduates do.) In what numbers Rhode Island's new osteopathic trainees would return to the Ocean State to practice after residency is an open question.

In any case, a new medical school in Rhode Island would have no trouble attracting high-quality students. Medical school admissions everywhere remain fiercely competitive, and the Warren Alpert Medical School of Brown University is among the super-competitive, accepting less than 5 percent of applicants.

RISOM's pedigree

Steven C. Rodger is the founder and managing partner of Equinox Capital (Greenwich, CT), president of R3 Education (Devon, MA), and founder of RISOM. He has a bachelor's degree from the University of Virginia and an MBA from Harvard.

Both Equinox and R3 Education are behind three fully accredited, forprofit allopathic medical schools in the Caribbean. The schools are Saba University School of Medicine, founded in 1993 and located on the island of Saba, near St. Maarten; the Medical University of the Americas, founded in 1998 and located in Charlestown on the island of Nevis, near St. Kitts; and St. Matthew's University, founded in 1997 and located on Grand Cayman Island. St. Matthew's grants both MD and DVM degrees.

The medical students from these schools do clinical rotations at some 71 hospitals in the US and Canada, including hospitals in Bridgeport, CT, and on Cape Cod. Ninety-one percent of their graduates place in residencies, according to R3 Education. ❖

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AMA online resources help physicians take charge of their data

Three resources from the AMA give physicians access to data that public and private payers use in designing new payment methodologies, constructing networks, and rating the quality and efficiency of physicians. Physicians, in turn, can use the same data strategically to ensure that payers are not misusing the information and to improve efficiency in their own practice.

"Take Charge of Your Data"is a guidebook designed to help physicians understand and verify the accuracy of data reports used to profile physicians. The guidebook was created to be used in tandem with the AMA's "Standardized Physican Data Report," which provides a uniform format for displaying physician data.

Used together, these resources provide physicians with a roadmap to verify the accuracy of their profiles and help them provide exemplary care to their patients. Additionally, through the creation of the "Guidelines for Reporting Physician Data," the AMA is working to improve the quality and usefulness of physician data reports.

Visit www.ama-assn.org/go/ physiciandata to access these resources and find additional guidance in the use of these tools.

You can also sign up to receive the AMA Practice Management Alerts emails at www.ama-assn. org/go/pmalerts to stay up to date with information on unfair payer practices, ways to counter these practices and other practice management resources and tools. ❖

RIMS Partners with the AMA in the "Heal the Claims Process"™

RIMS and AMA combined forces over the past three months and offered a series of short, topic-specific webinars on automating administrative processes and enhancing practice efficiency.

Topics included electronic eligibility, automating the claims process, handling prior authorizations and referral requests electronically, and using the electronic funds transfer. The offering included five practical "toolkits": an eligibility verification toolkit, electronic claims submission and status toolkits, prior authorization/referral requests toolkits, electronic remittance advice toolkit, and electronic funds transfer toolkit.

The webinars ran through June 18 and are archived on the AMA website, http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center/knowledge-center/webinars.page. Additional, free information may be found on the "Heal the Claims" page, including common questions, toolkits, and practice management alerts. View these topics and more, http://www.ama-assn.org/ama/pub/physician-resources/practice-management-center/practice-operations/automating-the-practice/heal-the-claims page.

Sign up for AMA Practice Management Alerts. These free, timely email alerts help you stay up to date with new practice management resources and tools. Visit www.ama-assn.org/go/pmalerts to learn more and sign up.

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 phys-icians 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.

Visit www.amagine.com to discover Amagine, a rich library of online tools and resources for your medical practice, including clinical support, patient support, practice management support, and continuing education. Epocrates, Isabel Pro Online, Voltage SecureMail, MedManage Drug Sampling, pharmaceutical safety alerts from MedWatch, Reputation Defender, Matsco business planning tools are among the applications that are at your disposal with a single sign-on. ❖

Prepare for Version 5010 - Enforcement Deadline Approaching

Version 5010 refers to the standards that HIPAA-covered entities (health plans, health care clearinghouses, and certain health care providers) must use when electronically conducting certain health care administrative transactions, such as claims, remittance, eligibility, and claims status requests and responses.

All covered entities should have been fully compliant with Version 5010 by January 1, 2012; however, an enforcement delay is in effect until June 30, 2012.



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The Litigation Center is proud to have Rhode Island Medical Society Executive Director Newell Warde serve as chair of its executive committee.



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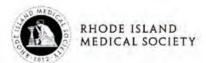
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Getting fluent in HIPAA 1050 and ICD 10

Medical practices can get help with current and coming mandates

MARY STUART KILNER
SENIOR VICE PRESIDENT/REGIONAL MANAGER, SPECIALTY BANKING, WEBSTER BANK

With the sluggish economy, uncertain reimbursements and rising costs, many medical professionals are feeling a cash flow strain. A practice can ease these strains by being prepared and seeking out expert advice, especially now, when medical practices are facing some potentially disruptive changes. These include new HIPAA compliance requirements for patient records and the mandate to adopt a more detailed medical coding system. Both will force changes in information systems, business operations, patient notifications and permissions, and cash flow.

On January 1, 2012, Version 1050 of the Health Insurance Portability and Accountability Act (HIPAA) went into effect, though enforcement is delayed until June 30. Version 1050 mandates that health care providers have the ability to report when patient records are accessed and by whom, and to identify what part of the record was viewed. It applies to records that are shared with the patient's permission, as well as those that may have been breached.

Another major change is the switch in medical coding systems from ICD-9 to ICD-10, which has been postponed again for another year until October 2014, but the AMA is pressing for a still longer delay, which it says doctors need in order to get ready. ICD-10 is far more granular than the present system, with nearly 70,000 codes, vs. ICD-9's 13,600.

Failure to comply with the new HIPAA standards and ICD-10 could result in lost revenue and financial penalties. Everyone is affected: physician practices, diagnostic facilities, home care providers, residential centers, public and not-for-profit health care organizations.

Retraining staff and updating IT systems will be a major undertaking. Health care professionals need to assess their readiness, develop a plan and identify professional advisors and resources to help them adjust.

Issues to consider for both HIPAA and ICD-10 include:

- 1) What's required in terms of training, and how will it affect operations?
- While transition costs such as training are quantifiable, there are also hidden costs, such as reduced efficiency and productivity. This could mean seeing fewer patients or allocating more time needed for billing or compliance. Medical societies, state departments of health, and newly formed regional extension centers can be valuable sources of help in managing business transitions.
- 2) Do I need to change or upgrade any software or hardware? Do I have enough cash to meet normal replacement needs plus any new ones? Most practices will require a comprehensive audit of equipment and technology, particularly if the last audit was done more than a year ago. The audit will help determine if equipment and systems are capable of meeting Version 1050 reporting requirements and ICD-10. One good strategy is to create a map of all potential repositories of patient information, from imaging equipment to billing software.

Practices may find that they need to upgrade, replace or buy new hardware and software. Vendors can be a good resource, but health care owners and managers can also draw on the knowledge of their bankers, specifically those with health care expertise.

"Health care bankers" can be an important resource

Some bankers these days make a point of being especially knowledgeable about the needs of medical practices and specialize in helping them meet current challenges. These "health care bankers" can help a practice think through how cash flow will be impacted and whether they have sufficient liquidity to accommodate a temporary revenue slowdown. Cash flow may tighten, for instance, as new or upgraded systems and equipment are installed, staff is trained, and billing and reimbursement cycles slow down. Health care bankers are trained to customize loans to take into account installation, training and new billing cycle periods when assessing the loan amount.

Under these circumstances, cash management becomes even more important. A banker can be a resource to help assess ways to accelerate cash capture through a change in collection methods and, in some cases, the addition of certain low-cost technology.

Health care professionals are facing a challenging present and an uncertain future, but they don't need to face it alone. By planning ahead, updating equipment, training staff and enlisting bankers and other professional advisors, they can successfully comply with new regulations and keep their businesses in the black. ❖

Ms. Kilner joined Webster Bank in September 2010 as the Specialty Regional Manager in Business and Professional Banking managing a six person business development team that covers MA, CT, RI and Westchester County, NY. She has over twenty years of commercial banking and credit experience with 16 years of industry-specific expertise in New England for health care, not-for-profits and education. Ms. Kilner holds a BA degree from Georgetown and an MA degree from Brown.

AUGUSTINE "GUS" MANOCCHIA,

MD, is being honored by the Rhode Island Free Clinic at Annual Founders event honoree. This award recognizes Gus' outstanding contributions over many years to the most needy patients in the state. The event is on Wednesday, October 10, 2012 at the Providence Art Club.

MARY ANN PASSERO, MD, is the Rhode Island Medical Women's Association's Rhode Island Woman Physician of the Year. She was recognized at RIMWA's annual meeting on May 9.

RICK TEREK, MD, is president of the Rhode Island Orthopedic Society, succeeding DR. JOSEPH LIFRAK. GREG AUSTIN, MD, is vice president. SIDNEY MIGLIORI, MD, is secretary-treasurer. IRA SINGER, MD, is councilor.

THOMAS F. TRACY, JR., MD, FACS, FAAP, has been elected President of the New England Surgical Society. As a health policy scholar of the American College of Surgeons, Dr. Tracy was recently appointed to a national health policy advisory board for the surgical care of infants and children. Dr. Tracy is professor of surgery and pediatrics, vice chair of the Department of Surgery, and pediatric surgeon-in-chief at Hasbro Children's Hospital.

2012 supporters of RIMPAC and AMPAC

RIMS, RIMPAC and AMPAC give sincere thanks to those who have contributed so far this year to the Rhode Island Medical Political Action Committee and the American Medical Political Action Committee.

2012 is an important election year, with all 113 state General Assembly seats, both of Rhode Island's Congressional seats and one of its US Senator seats (Sheldon Whitehouse) in play.

It is vital that medicine, through AMPAC and RIMPAC, have the means to support candidates who have demonstrated that they are well informed and have developed balanced views regarding public policy in health care matters and the state and federal level.

Michael Silver, MD, is Chair of the Board of Directors of RIMPAC. Elaine Jones, MD, is Treasurer of RIMPAC.

Michael E. Migliori, MD, is one of ten physicians who serve on the board of directors of AMPAC. The AMPAC board also includes a medical student and a representative of the AMA Alliance. Acting only with the advice of RIMPAC, AMPAC routinely invests far more in Rhode Island Congressional races than Rhode Island physicians donate to AMPAC.

The information below is publicly available through the Rhode Island Board of Elections and the Federal Election Commission.

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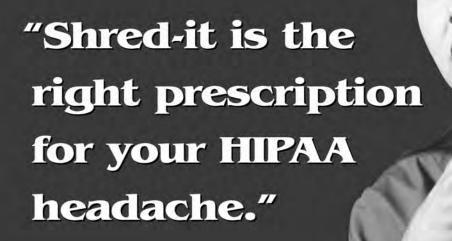
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RIMS' 2012 bike safety event for RIteCare families

CATHERINE NORTON

While more than 100 people gathered inside the Paul Cuffee School gymnasium on May 12 to view the 37 Tar Wars posters, a crowd of 200 more assembled outside in the school's parking lot to receive free bike helmets as part of the Rhode Island Medical Society's annual bike safety event, which provides RIteCare children between the ages of 5 and 8 with free bike helmets and other bike safety accessories.

The event was made possible through the generosity of RIMS' physician members. Several Brown University medical students volunteered to help distribute the bike helmets: Ella Damiano, Faith Birnbaum and Grayson Armstrong deserve great thanks for ensuring that each child was fitted with a properly-sized helmet.

For the second year in a row, a youthful benefactor unexpectedly emerged to boost one of RIMS' community service programs. Inspired by a recent biking mishap of his own, thirteen year-old Aaron Jenniss of Providence dedicated his Bar Mitzvah to raising money for the Medical Society's bike safety program while raising awareness about bike safety. With the help of his parents, Bonnie Steinberg, MD, and Richard Jenniss, Aaron decorated tables at his Bar Mitzvah with bike helmet centerpieces and with RIMS' bike helmet donation pamphlets. Moreover, besides making a generous contribution of his own, Aaron showed up personally with his father on May 12 and helped distribute bike helmets at RIMS' bike safety event.

Last year's surprise benefactor was II year-old Alana McGuinness, Rhode Island's 20II Tar Wars winner, who became the first Rhode Islander to win the national competition in Washington, DC. Alana donated half the value of her two-thousand dollar prize to the Rhode Island Tar Wars and the other half to her school, St. Mary Bay View Academy in Bristol.



Brown medical student Faith Birnbaum fits a helmet. Student Grayson Armstrong is in the background at center



Brown medical student Ella Damiano in action at the helmet give-away.

BIKE HELMET DONORS 2012

Great thanks are due again this year to our long list of generous donors to RIMS' annual spring bike helmet distribution program for RIteCare families. This year RIMS targeted vouchers to RIteCare families in eight zip codes on the west side of Providence, and on May 12 our volunteers fitted more than 200 youngsters with bike helmets and provided them with water bottles, reflectors and biking safety tips. RIMS wishes the kids a safe summer, and lifetime of safe biking, skate boarding and rollerblading!

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Thirteen year-old bike safety advocate Aaron Jenniss helps RIMS match helmets to heads.

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Dates to save

CMS REGION 1 NATIONAL MEDICARE TRAINING PROGRAM, August 7–9, 2012, Sheraton Framingham Hotel and Conference Center, Framingham, MA. Information about Medicare, Medicaid, Children's Health Insurance (CHIP), and legislation.

THE RHODE ISLAND REGIONAL EXTENSION CENTER (RI REC) will host its 4th HEALTH IT EXPO on Thursday, September 6, 2012, from 4 to 8 pm at the Crowne Plaza in Warwick. The Health IT Expo is free for all RI health professionals, their staff, and other members of the health care community. Event details and registration information will be available soon.

For more information about RI REC, visit www.DocEHRtalk.org.

The Rhode Island Medical Society will hold its **ANNUAL INSTALLATION AND AWARDS BANQUET** at the Dunes Club in Narragansett on Saturday evening, September 22, 2012. On that evening, RIMS President Nitin S. Damle, MD, will transfer the presidential medallion and chain of office to President-Elect Alyn L. Adrain, MD.

Does RIMS have your email address?

If not, you could be missing out on timely information. RIMS uses broadcast email judiciously to communicate concise and timely information of broad interest that most physicians are unlikely to receive as quickly from other sources.

It's easy to keep RIMS apprised of your email address. Just please alert Sarah Stevens (sstevens@rimed.org) to any changes.

RIMS never gives (much less sells!) members' email addresses to third parties.

Doctors help local students choose to be tobacco-free

Paul Cuffee is the site for 19th annual Tar Wars finale

CATHERINE NORTON

On Saturday, May 12, the Rhode Island Medical Society, in partnership with the Rhode Island Academy of Family Physicians and the Rhode Island Chapter of the American Academy of Pediatrics, hosted the culmination of the 2012 Tar Wars statewide poster contest at Paul Cuffee School in Providence.

Thirty-seven 5th-grade students from school districts throughout the state competed for the top prize, an all-expenses paid trip to Washington, DC, to represent Rhode Island in the National Tar Wars poster competition. Celebrity judges included Barbara Morse Silva, Channel 10 news reporter; Dr. Michael Fine, Director of the Department of Health; and Grayson Armstrong, Brown University medical student and Vice Speaker of the Student Section of the AMA House of Delegates. As usual, Dr. Arthur Frazzano, Chair of Tar Wars Rhode Island, was the emcee of the day's festivities.

The winner of the 2012 Tar Wars Rhode Island poster contest was Lucy Handy from the Paul Cuffee School in Providence. She and her family will represent Rhode Island in the National

Tar Wars poster competition in Washington, DC, later this summer.

The second-place winner and recipient of a \$75 VISA gift card was Andres Perez from Marieville Elementary School in North Providence. The third-place winner was Evan Fortier from R.C. LaPerche School in Smithfield. Evan received a \$50 VISA gift card.

Over the past 19 years, more than 34,000 Rhode Island fifth graders have participated in the Tar Wars Rhode Island program. Each year, member physicians from the Rhode Island



[Front L-R] RI 2012 Tar Wars Winner Lucy Handy of the Cuffee School in Providence; runner-up Andres Perez of North Providence; and third-place winner Evan Fortier of Smithfield. [Back L-R] Tar Wars judges Grayson Armstrong of the Warren Alpert Medical School; RI Health Director Michael Fine, MD; WJAR-10 anchor and health reporter Barbara Morse Silva; and RI Tar Wars Director Arthur A. Frazzano, MD

Many thanks to our 2012 Tar Wars Presenters

Daniel Aghion, MD Nisrine Atieh, MD Nathan Beraha, MD Charles Cummings, MD Robert Crausman, MD Suzanne DeLaMonte, MD Sarah Fessler, MD Arkadiy Finn, MD Arthur Frazzano, MD Donald Hebb, MD Peter Hollmann, MD Elizabeth Jasolosky, MD Martin Kerzer, DO Elizabeth Lange, MD Anthony Lombardi, Jr., MD Patty Lynch-Gadaleta MS, PA-C Meg Murray, MD Martin Papazian, MD Brian Pickett, MD

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Rhode Island State Nurses Association Members

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Brown University Medical Students' Family Medicine Interest Group

Ted Apstein Gabi Duvernois Craig Erickson Bryn Gonzales-Ellis Julie Reardon Satyajit Reddy Edgar Woznica

Rhode Island College Nursing Students

Joanne Costello, PHD, RN

Associate Professor,

School of Nursing

Gisela Arguello

Wroty Colekraty

Jennifer Hammond, RN

Heather Laplume

Michelle Pires

Yamatta Viaan

Kristine Winiarski

Kevin Yang

Medical Society, along with nurses, Physician Assistants, medical students and nursing students, visit classrooms to talk with students about the importance of being tobacco-free, making positive choices, and becoming advocates in their communities. Subsequent to the classroom presentations, each participating school coordinates a Tar Wars poster contest, which encourages children to create posters with clear and positive antitobacco messages. Each school's first-place winner competes in the annual statewide poster contest.

Tar Wars®, a national tobacco-free educational program from the American Academy of Family Physicians (AAFP), was developed in 1988 as a program that facilitates the involvement of health care professionals and community organizations in youth tobacco education. The program is designed to educate students prior to the age when the decision to smoke or chew tobacco tends to be made.

To become a Tar Wars presenter or to receive more information about the program, please contact Catherine Norton at 528-3286 or cnorton@rimed. org. Volunteer presenters are always needed. No experience is necessary. RIMS provides all program materials, including "How to Present" guidelines and a PowerPoint presentation. ❖

RIMS joins forces with Butler & Messier

One of the benefits of membership in RIMS is access to a broad selection of insurance products and services of assured quality. Since 1988, RIMS' subsidiary, the RIMS-Insurance Brokerage Corporation, has offered Rhode Island physicians and surgeons expert advice and peerless service in navigating the arcane and critically important world of medical professional liability insurance. In addition, life, health and disability insurance is available on an endorsed basis through the Good Neighbor Alliance. Now, as of May 1, the Rhode Island Medical Society is proud to announce a new affiliation with Butler & Messier, Inc.

Butler & Messier has been providing insurance coverage to the people and businesses of Rhode Island since 1903. RIMS' new relationship with Butler & Messier offers physicians and their family members access to over 30 leading insurance companies, which provide the full range of personal insurance products, including auto and homeowner's. Medical practices and health care facilities too can look to Butler & Messier to provide them with the best protection, tailored to their needs, at the most affordable prices. ❖



Michael Fine, MD, RI Director of Health, weighs the merits of winning Tar Wars posters from 37 schools

LIABILITY NEWS

The NORCAL Group has a new CEO

Scott Diener has been appointed president of the NORCAL Group of companies, which has grown substantially in the past year and now includes NORCAL Mutual, PMSLIC (Pennsylvania Medical Society Liability Insurance Company) and newly-acquired Medicus, a company with a national footprint, based in Austin, Texas.

Mr. Diener has decades of experience working for physicianowned, medical society-affiliated liability companies in Arizona, Pennsylvania and California. He is extraordinarily knowledgeable about the changing landscape of health care, which he monitors closely, and about the often turbulent and dangerous business of medical professional liability insurance.

Diener succeeds James Sunseri, who became president and CEO of NORCAL in 2003 after several years as the head of claims and then as COO of NORCAL. Diener has followed a similar path within the organization, having served as CEO of PMSLIC since 2001 and as COO of the NORCAL Group since 2009.

Now the ninth largest medical professional liability insurer in the nation, NORCAL has long been one of the strongest and most stable. Last month for the 29th consecutive year, NORCAL received a rating of "A" for strength and stability from A.M. Best. The Group has \$1.5 billion in assets and \$600 million in surplus. \$\displaystar{\text{*}}\$

A new service to community health centers

In Rhode Island and across the nation, Community Health Centers (CHCs) are poised to assume and even greater role in American health care, thanks to the Affordable Care Act and the American Recovery and Reinvestment Act, both of which provide significant new funding to Community Health Centers to expand their scope and capacity.

Recognizing that CHCs already provide vital health care services to over 120,000 Rhode Islanders and expecting that number to grow significantly, RIMS approached the NORCAL Mutual Insurance Company and asked the carrier to offer a product specifically tailored to the unique needs of CHCs.

Those unique needs arise from the fact that CHCs in Rhode Island are "federally qualified," which means, among other things, that they receive limited liability protection under the Federal Tort Claims Act (FTCA). However, the FTCA is not comprehensive. As a result, health centers need to purchase "gap" or "wrap-around" coverage for services that are not covered under the FTCA.

As of May 2012, NORCAL, through its exclusive Rhode Island broker, the RIMS-Insurance Brokerage Corporation (RIMS-IBC), is offering this unique and highly specialized coverage to CHCs.

For more about this new product, please call the RIMS-IBC's Director, Bob Anderson, at 401-272-1050.

RIMS and its subsidiary, the RIMS-IBC, have had a strong relationship with the NORCAL Mutual Insurance Company for 18 years. NORCAL has been actively involved in meeting the specialized medical professional liability needs of community health centers in many states since 1997. •

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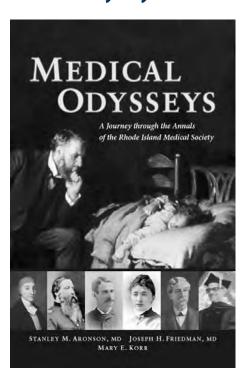


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Medical Odysseys: A Journey through the Annals of the Rhode Island Medical Society

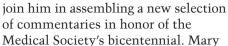


Essays by Stanley M. Aronson, MD; Joseph H. Friedman, MD; and Mary Korr. Edited by Mary Korr. Design

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

Connoisseurs of Dr. Stanley Aronson's uniquely erudite and entertaining essays on medicine, medical history and language 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



Korr, the editor of the new collection, was inspired to contribute her own series of well-researched and entertainingly written new essays on aspects of RIMS' history. The skilled eye and hand of designer Marianne Migliori contributed to the handsome and highly readable result: *Medical Odysseys:*

A Journey through the Annals of the Rhode Island Medical Society. The volume contains 69 short essays – 28 by Dr. Aronson, 26 by Dr. Friedman, and 15 by Ms. Korr.

